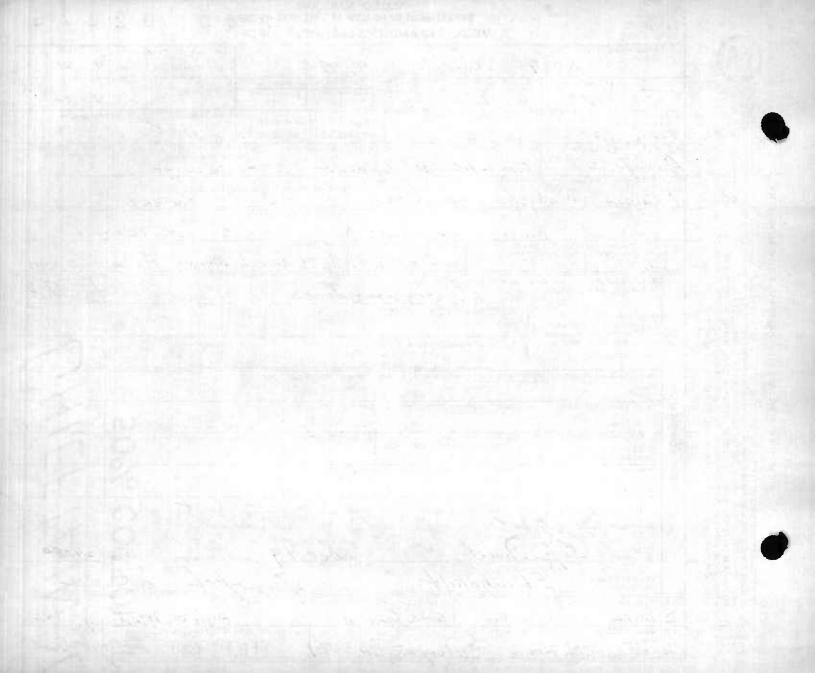
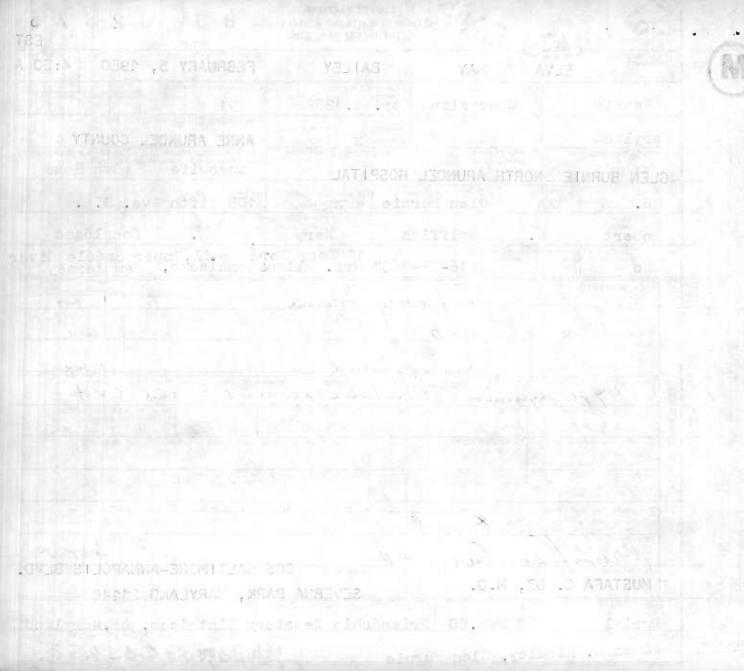
2	40	1-	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. 120 DATE KNOWN DX MC								0 2	2874				
			CEASED NAME E OR PRINT)	FIRST		MIDDLE	95	LAST			20 DATE OF	KNOWN E	X MONTH			b. HOUR	
SE	S S E S		OK CKINITY	MARY		I.		NDERS	ON		DEATH	MATED [25 19		М	
RY, PLEA	OUR FIL	3. SEX	emale	1 RACE negro	5. DATE OF BIRTH	1923 57	AY) MONT	DER 1 YR.	IF UNDER	R 24 HRS. MIN.	2c. DATE PRONOUN DEAD	ICED	MONTH 2	25 ₁₉	80	2 HOUR P M	
JECESSA SINERAL	FOR YOUR FILES. WITHIN 72 HOURS W. PRESTON ST	M	RTHPLACE (5) REIGN COUNTRY) ARYLANI		76. CITIZEN OF W	٨.	WIDOV		DIVOR	CED 🗆	Anne	Arund	lel Co			MD.	
ELAY IS	FILED S		Annapo	lis	Anne Ar	spital, nursing hom acility give street address) undel Gener	al Ho	er institu Spita	1		JAL OCCUP MOST OF WOR		PE OF WORK	17b. KIND OF BUSINESS OR INDUSTRY			
F ANY D	RETAIN HOUID	13a. S	RYLAND	(IF IN NURSING HOME OI 13b. COUNT A	Y	13c. CITY OR TOWN ANN APOLIS	TOWN 13d. INSIDE (ITY LIMITS? 13e STREET A			B Fore	orest Beach Road						
MD. 2	AND 2 S	14. F.A	THER'S NAME CLARE		MIDDLE	JOHNSON			15. MOTHER'S MAIDEN NAME FIRST PRUDENCE					ADAMS			
BALTIMORE, URS AFTER DE	WITH FORM PAGES 1 AND DIVISION OF	16a. W		DEVER IN U.S. ARA	AED FORCES? WAR OR DATES)	ORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS CT						Lat. J.	linton, Md.2073				
. 0	ENE, DIV		18 CAUSE O PART I DE	ATH WAS CAUSED	y ane cause per lin BY: A E CAUSE (a)	e for (a), (b), and (c).) rterioscler	otic	cardi	ovaso.	cular	dise	ase		APPRO BETWEEN	XIMATE IN	TERVAL NO DEATH	
PRESTOI VITHIN 2	AMINER ALC TRANSIT PE ENTAL HYGI REMOVAL.			ns, if any, which se to immediate	DUE TO, OI	r as a consequence	OF						114				
CUTED V	S A A A		cause (a) stating the <u>under-lying cause last.</u> DUE TO, OR AS A CONSEQUENCE OF (c)														
CORDS,	WEDICAL I	NO	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).														
HOULD	CHIEF ME USED A OF HEAL	CERTIFICATION	19a. DATE OF	OPERATION	19b. COND	ondition for which operation was performed?							20. AUTO		NO 🗆		
DIVISION OF VITAL RECORDS, 301 W. PRESTON ST S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HG STRING THE WORD "SENDING". IN PEACH IN 1FAM.	SHOULD BE U		UNDERLYING	AL CAUSE WAS OR NG CAUSE OF D		M. MONTH DAY YEA		OW INJURY	OCCURR	ED (ENTER	NATURE OF INJ	URY IN ITEM 1	8 PART 1 OR P	ART 2)			
DIVISION HIS CERT	R 0 3	MEDICAL	21d. INJURY C WHILE AT WORK	NOT WHILE C	STREET FAC	OF INJURY (AT HOME, CTORY, FARM, ETC.)		CATION			CITY OR TO	WN	cc	YTANO		STATE	
AINER: TI	SE FORWAR CTOR: PAGE 1 THE STATE AND, 21201		22a. I certi		e of the remains de	escribed above, held an	Autor	sy K), I, Hamie	Inspection		Inquiry termined mo		and in my o	pinion			
AI EXAM	HOULD BE FOR INC. AL DIRECTOR TH, WITH THE E, MARYLAND,		ACTUAL SIGNATURE	MM	22				PECIFY) Lstan	t MED	ICAL EXAM	INER	DATE	2-	27-	30	
) MEDIC	PAGE SHOU TO FUNERAL D AFTER DEATH, V BALTIMORE, MA		EXAMINER'S (TYPE OR PRI	44)	n M./Dixo			ADDRESS_		Penr							
BF		Ë	URIAL, CREMA BURIAL UNERAL DIRECT		36. DATE 2-28-198	O ASBURY Annapol	BROAT	NECK	CHURC	TH CE	OCATION OCTOWN ME.	St. M	argar	ets,	Marj	land	
(VR	HMH - 17 A15 ME (5)) IOM 7/73				ONS MORT	UARY, P.A.	, .		1230. DATE	MAR	3 1	980	Jan S	7	Uru	7	

יי די ריי די ריי out and mit for 210-1-12 San Broke Stanton The Author College of the College of

1	FOR	DEDARTMENT	OF HEALTH AND MENTA	LHYCIENE ()	0 0 0 7 5
1-	STATE		MINER'S CERTIFICATE	DEDEATH	3 2 3 1 3
1.0	REGISTRAR ECEASED NAME FIRST	MIDDLE	VIII TER 3 CERTII ICATE	1120.11	
	PE OR PRINT)		BU AP	26. DATE KNOWN OF ESTI-	MONTH DAY YEAR 26. HOUR
3. SE		7	(IN YEARS IF UNDER 1 YR. INF UNI	DEATH MATED [DER 24 HRS. 24 DATE	MONTH DAY YEAR 2d HOUR
0.02	FW		BIRTHDAY) MONTHS DAYS HOURS		2 4 1850 PM
70. B	SIRTHPLACE (STATE OR	76. CITIZEN OF WHAT COUNTRY?	14 _	9 BALTIMORE CITY	OR COUNTY OF DEATH
FI	OREIGN COUNTRY)	11 5 4	MARRIED NEVER MA	ARRIED 1 1 1 1	
	ILY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING		120. USUAL OCCUPATION (TY	PE OF WORK 112b, KIND OF BUSINESS
	unapolis	FINNE ARUNDE	General.	FOR MOST OF WORKING LIFE	OR INDUSTRY
13a 5	STATE MISH COUN	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE A	WN 13d. INSIDE CITY LIMIT	S? 13e. STREET ADDRESS	
V	RGINIA MA	dison madi	SON YES NO	X Kur	31
14. F	ATHER'S NAME	MIDDLE LAST	15. MOTHER'S MA	MIDDLE	LAST
4	willie 1				Tchell
160.	WAS DECEASED EVER IN U.S. ARI			ADDRES	4
	no	war or dates) zz5-6	- 7081 mirs 1	eseph Myers F	Annapolis, Md.
	18 CAUSE OF DEATH (Enter on PART I DEATH WAS CAUSE	nly one couse per line for tel, (b), and (c	1.)		APPRIORIMATE MISSIVAL STWEEN CHEST AND DEATH
		TE CAUSE (o) Arch	assilven		mouns
	1990	DUE TO, OR AS A CONSEQUE	NCE OF		
	Conditions, if any, which gave rise to immediate				
	cause (a) stating the <u>under</u> - lying couse lost.	DUE TO, OR AS A CONSEQUE	NCE OF		
		(c)			
	PART 2 DTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NOT RELATED TO T	IE TERMINAL DISEASE OR CONDITION GIVEN I	N PART 1 (a).	
CERTIFICATION					
13	190. DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED?		20 AUTOPSY?
E					YES NO Z
	216 EXTERNAL CAUSE WAS	HOUR A.M. MONTH DAY	YEAR 21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2)
CAL	CONTRIBUTING CAUSE OF	DEATH P.M.	19		
MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HO STREET, FACTORY, FARM, ETC.)	OME. 21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
2	WHILE NOT WHILE DAT WORK]		C OK TOTTA	STATE
		ge of the remains described above, held	on Autopsy , Inspe	ction . Inquiry . or	nd in my opinion
	death resulted from: Maty	Accident .	Suicide . Homicide	Undetermined monner ,	, vp
		Accident L.	TITLE (SPECIFY		
	ACTUAL SIGNATURE	whach.	Morpout	MEDICAL EXAMINER	DATE 24-80
	SIGNATURE		M.Des Cy	MEDICAL EXAMINER	SIGNED 2
1	EXAMINER'S NAME (TYPE OR PRINT)	t-LINHARd+	ADDRESS	murpola,	Mex
23a.	BURIAL CREMATION REMOVAL	23b. DATE 23c. NAME (OF CEMETERY OR CREMATORY	238. LOCATION CITY OR TOWN	COLLITY
73	SURIAL	2-6-80 OAK	GROVE.		MADISON, UM
	UNERAL DIRECTOR				SISTRAR'S SIGNATURE
11	DREFUNERAL H	lome Culpepe	R. UA 22701	FFB 1 1 1980	Tertry Mc Cready
	The different li	- Carpete			- / - /



FOR



by	1.	FOR STATE	DEPARTMENT OF HE	OF MARYLAND EALTH AND MENTAL HYGI	ENB O	0 2	3 7 7
	I. DE	REGISTRAR CEASED NAME FIRST OR PRINT)	MIDDLE LA	CATE OF DEATH	REG. NO 20. DATE OF DEATH		YEAR 26 HOUR P
do se	3. SE	WILLIAM	RICHARD S. DATE OF	BATLEY	FEB.	17 1980	6.50 M
rector, page 3 urs after death	J. 3E.		MONTH		81	YRS.	DAYS HOURS MIN
oth. Pogeral direction of the Pogeral directio		RTHPLACE ISTATE OR FOREIGN 7b.	CITIZEN OF WHAT COUNTRY?	NEVER MARRIED	9 BALTIMORE CITY OF	R COUNTY OF DE	
s ofter der by the fun- iled within	10 €	Md • ITY OR TOWN OF DEATH 11	. NAME OF HOSPITAL, NURSING HOME OF		Anne Arur 120 USHAL OCCUPATION (TYPE OUT OF SOLANIS)		KIND OF BUSINESS OR
hours of hours of be filed to be folial	USU	AL RESIDENCE (IF NURSING HOME OF OTH	HER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	ospital	Retibes -	-Maintar	nence
BALTIMORE, MARYLAND 2120 cote be executed within 24 hours system ond completely filled in by opers. Poges 1 and 2 should be fillowol. 11, the medical examiner must be in the medical examiner frust		Md A.A	Annaplois	13d. INSIDE CITY LIMITS? YEXX NO 15 MOTHER'S MAIDEN NAM	13e. STREET ADDRESS 8 SHTLEY	St. An	na. Md.
completion of excern	lán V	FIRST MIDE UNKN VAS DECEASED EVER IN U.S. ARME	OWN	FIRST 17 INFORMANT	UNKNOWN ADDRE	55	EAST
be execut on ond ce s. Poges 1		YES, NO OR UNKNOWN) YES, GIVE WA			LEY-Same	As 13 F	Э
ST.,		18 CAUSE OF DEATH (Enter only of PART I, DEATH WAS CAUSED BY IMMEDIATE COnditions, if only, which		Herator	y and	43	APPROXIMATE INTERVAL ET WEEN ONSET AND DEATH
301 W. PR ss that the ted by the please rem urial, crema	z	gave rise to immediate cause (0), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF	NOT RELATED TO THE TERMI	nal disease or cond	DITION GIVEN IN F	'ART I(o)
ow ow price	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE IN CERTIFYING C YES	FINDINGS USED AUSES OF DEATH?
SION OF VITAL R PHYSICIAN: The Isending physicion. This certificate hos this certificate hos and Mentol Hygiene di Mentol Hygiene do ritem 18 shows		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH IS EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c. HOW INJURY OCCURRE	ED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1 OR	PART 2}
DIVISION ING PHYS T attendin After this os the bur Ith and Me	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	211. LOCATION STREET	CITY OR TOW	N COU	NTY STATE
TTENDI pitol or TOR: A for use of Heali		220.1 certify that (1) (this hospital) saw the deceased alive an above, (1) (we) (did) (did not) v		d that in (my) (aur) apinion d	, to eath occurred on the do	te and hour and fr	, that (I) (we) lost
OR he ho DIRE ochec		LEEO E	sel, mo.		MEDICAL STAF	F	2/18/80
TO HOSPITAL TO HOSPITAL TO FUNERAL should be deto with the Store WITH TO STORE		Recep Erol,	m.D.	325 Hospit	al Drive.	Glen E	Burnie, Md
7 5 5 42 8 8		REMATION	236. DATE 236. NAME OF CE	ne oln	3401 Bla	idens bur	g Rd. Md.
DHMH-16 60M 1/73 (VR A 15 (4))		E-HICKS 111 -	1922 Forest Dr. A	nna. Md B Z	REC'D BY REGISTRAR	75h REGISTRAR'S S	IGNATURE
			tion and the state of the state				

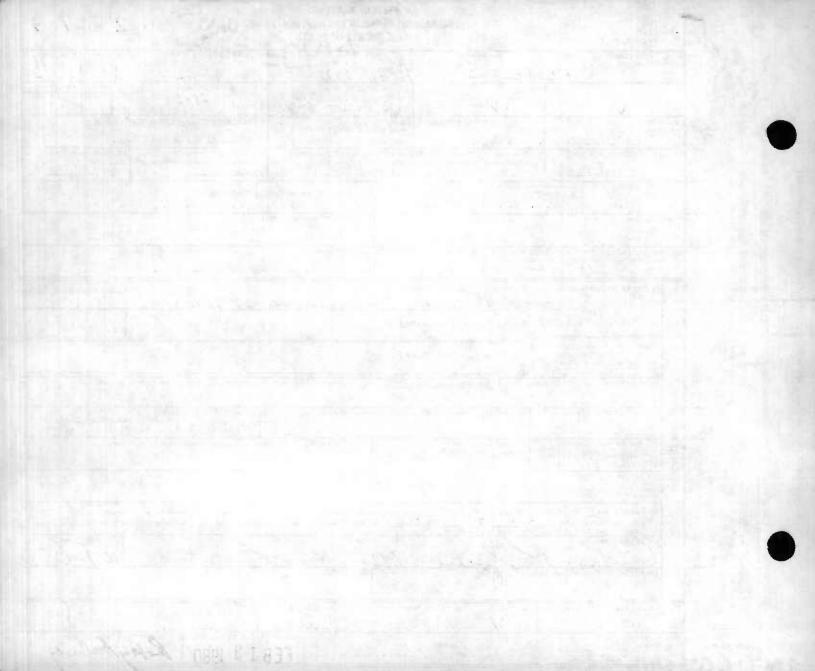
The commence of the commence o -Inherita one bl . mad . TC Jesepol Schie - III 1940 . . C

7		FOR STATE REGISTRAR	DEPART		TH AND MENTAL HYG TE OF DEATH	IENEÖ Ü	028	1 3
nay be page 3 sr death		DECEASED NAME ELLO	n Virgini	BAKO	R	20. DATE OF DEATH FEBRUA	MONTH DAY YEAR	10 545 N
ge 4 mai ectar, po urs after c		SEX Female	1 RACE White	5. DATE OF B	RTH .1°23,1921	6 AGE (IN YEARS LAST BIR		EAR OF UNDER 24 HRS
death. Pour Meral dii	7 70	BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY U.S.A.	MARRIED L		Anna A	EUNALL	1 MD
by the fulfilled with	3	ANNA POLIS	11. NAME OF HOSPITAL, NURSI AME ALLING	- Gane	rd/Hosp.	12a USUAL OCCUPAT TYPE OF WORK FOR MOST O Machine	Operator	Env.Co
AND 21:	35	MARYLAND A.			INSIDE CITY LIMITS?	13e STREET ADDRESS 8395 BRO	OKWOOD RI).
BALTIMORE, MARYLAND cate be executed within 24 system and completely fille, apers. Pages 1 and 2 should wal.	20	FATHER'S NAME ARTHUR	B. PHOEB	US	MOTHER'S MAIDEN NAM LILLIA	N M.	WHITE	
be executed and and and and and and and and and an		(YES NO OR UNKNOWN) (IF YES G	VE WAR OR DATES!		Mrs. Fra		ace Albar	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., B NG PHYSICIAN: The low requires that the death certifica otherading physician. Ifter this certificate has been signed by the attending phys as the burial-transit permit. Then please remove carbon pain th and Mental Hygiene prior to burial, cremation, or remove arked or them 18 shows any injury, or other traumatic events		Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost PART 2 OTHER SIGNIFICANT	inly one couse per line for (o), (b) of ED BY: ITE CAUSE (o) DUE TO, OR AS A CONSEOUTE DUE TO, OR AS A CONSEOUTE (c) CONDITIONS CONTRIBUTING TO	Varia Jence of Jence of		INAL DISEASE OR CON		ROXIMATE INTERVAL FEN ONSET AND DEATH FEN ONSET AND DEATH
AL RECOR	7 Parish Arion	190 DATE OF OPERATION	196 CONDITION FOR WHICH	h operation w	AS PERFORMED	20a AUTOPSY? YES NO	20b. IF YES, WERE FIN IN CERTIFYING CAUS	DINGS USED SES OF DEATH?
HOSPITAL OR ATTENDI sined by the hospital or FUNERAL DIRECTOR: A vuld be detached for use th the State Dept. of Heal	7 WEDICAN	OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	PARM, ETC.) 2111 Second th	ATTENDING PHYSICIAN ADDRESS	CITY OR TOV	ote and hour and from the CIAN 221. De CIAN 221.	state , the (1) we) lost the couses stated ATE SIGNED
BP	23	BURIAL, CREMATION, REMOVAL (SPECIFBULIAL)			TERY OR CREMATORY 11 Cem.	23d. LOCATION CITY OF TOWN BOOK 1	COUNTY	STATE
DHMH - 16 50M 1/76 (VR A 15 (4))	24	FUNERAL DIRECTO	HOME GI	FN BIE		REC'D. BY REGISTRAR		Cherry

of you face Common a common to Property a to the NOW A COLUMN STATE OF THE STATE AND THE PROPERTY OF THE PARTY O and the state of t

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 TO HOSPITAL THE NOTIVE OF PROPERTY OF THE PROPERTY OF
retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral directional be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 hours.

W	FOR STATE	DEPART	MENT OF HEALTH AND MENTAL HYC	GIENE 8 0 0	2 8 7 9	
7	REGISTRAR DECEASED NAME TYPE OR PRINT!	nce S.	CERTIFICATE OF DEATH	REG. NO.	DAY YEAR 26 HOUR 0-80 17:18	
once	SEX	A RACE	S. DATE OF BIRTH MONTH 12-12-02	6 AGE (IN YEARS LAST BIRTHDAY) YRS	FUNDER LYEAR FUNDER 24 HOURS M	
275	Lancaster Pa	E CITIZEN OF WHAT COUNTRY	MARRIED WINEVER MARRIED WIDOWED DIVORCED	Anne Arundel	Co.	
\$55	Annapolis	Anne Arundel	General Hosp.	126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LEE) MECHANIC 126. KIND OF BUILDUSTRY AUTOMOS		
歌5		TY I I I I I C C C C C C C C C C C C C C	On YES NO TO	13. STREET ADDRESS 1160 Jeffery	Dr.	
me Que	John M	Barton		MIDDLE	Owens	
event, the me	WAS DECEASED EVER IN U.S. ARA (YES, NO OR UNKNOWN) 1 IF YES, GIVE	MED FORCES? 160 SOCIAL SEC WAR OR DATES) 67-14-29		tonsame as 13e.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEA	
ows any injury, or other	Conditions, if only, which gove rise to immediate couse lost storing the underlying couse lost. PART 2 OTHER SIGNIFICANT COUNTY OF THE COUNTY		DEATH BUT NOT RELATED TO THE TERM OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YE	IVEN IN PART 1(0) ES, WERE FIND INGS USED IFYING CAUSES OF DEATH?	
5 L	OR COMPRESSION CAUSE OF REAL	21b. TIME OF INJURY HOUR A.M. MONTH D	PAY YEAR		ES NO	
marked or	THE ETHER, NOTIFY MEDICAL EXAMINER) 214 INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	21f LOCATION	CITY OR TOWN	COUNTY STATE	
If Item 21 is	22e I certify that (1) (this hospit saw the deceaded alive an above, (1) (we) (did) (did not 22b SIGNATURE	9 Febr 19	DEGREE ATTENDING	death accurred on the date and ha	ur and from the causes stated	
IMPORTANT	224. PHYSICIAN'S NAME (TVA OR	0 -	PHYSICIAN [DIRECTOR PHYSICIAN	10 108	
_ (Burial, cremation, removal Burial	236. DATE 23c 23c	Epiphany Episcopal	Odenton Md.	COUNTY STATE	
6 25M 4) 1/79	Hardesty Funeral	HOme 12 Ridgely	Ave. Ann. Md. FF	TE REC'D. BY REGISTRAR 255. REGISTRA	STRAR'S SIGNATURE	



Ti. ler Aberdoen beet enough, ago in it mannin 217-14-3800 Malver C. Barrens, 030 Andreks No., Alexanda, manner of the second long and an arrange Me day wall, C. S. melants In Electronical terms of the second configuration of the s

Total Control of the FOR

- STATE

YEAR 26 HOUR 1980 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYEAR IF LINDER 24 HRS DAYS HOURS BALTIMORE CITY OR COUNTY OF DEATH ANNE ARUNDEL COUNTY 12h. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY TELEPHONE OPERATOR WRAMC 860 NORTH SHORE DRIVE MILLS LEE DAUGHTER SAME AS 13 APPROXIMATE INTERVAL PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1101 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO [21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) COUNTY and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c DATE SIGNED DIRECTOR PHYSICIAN TIMORE-ANNAPOLIS BLVD. MARYLAND 21061 COUNTY STATE 2/12/80 AKEMONE MEMORIAL GONS DAVIDSONULLIE UD. 24 FUNERAL DIRECTOR FRANCIS J. COLLINGRESS **DHMH-16 25M** (VRA 15, 4) 1/79 500 UNTV RIVO W STIVER SPRING MO 20901

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

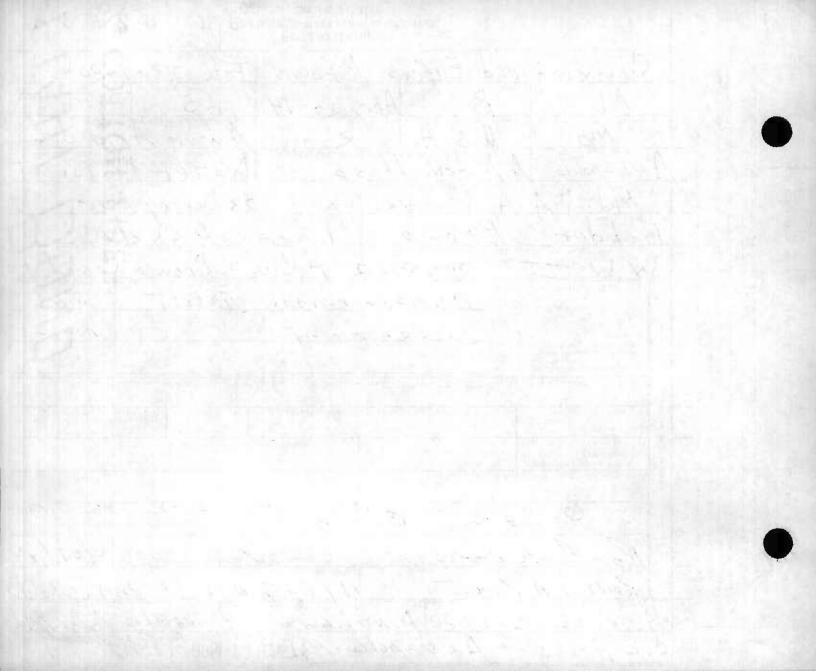
TREATER TESTELLE PROXIN FEBRUARY 10. 1820 3:00 ALLANDE TERRITOR SHINA S NARVIANO SARE ARRENTE CLER FORMET X 2 TO SEE DRIVE DRIVE PLITH THE THEFT PROPERTY AND THE LEE WILLIAM TO THE PROPERTY OF THE PROPERTY O NO STO-16-5111 JOVCE LEE BROWN SAME AS IN DALIGHTE

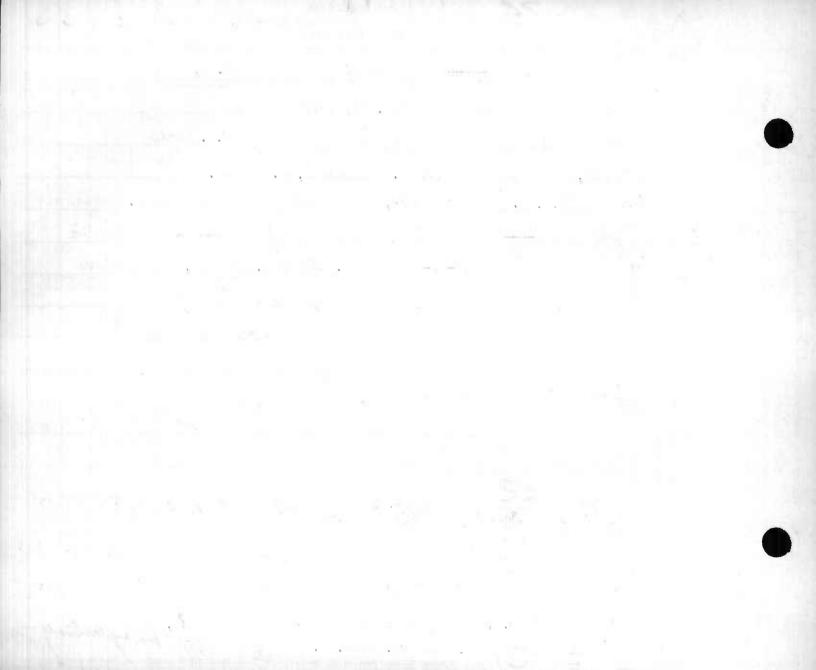
TOWNER THE SELECT THE SELECT COLOR THROUGH TO THE SELECT COLOR THROUGH THE SELECT COLOR THROUGH THE SELECT COLOR THROUGH THROU

	FOR			DEPART		E OF MARYL	MENTAL HYG	IENÉR ()	0	2 8 8	3
10	- STATE REGISTR	AR				ICATE OF		G	G. NO.		ST. C
2 725	I. DECEASED N. (TYPE OR PRINT)	AME FIRST MARY		AIDDLE		BROWN		20. DATE OF DEAT	н монтн 2-	8-80	2b. HOUR
for page softer death	3. SEX	MALE	4. RACE NEGRO)	5. DATE O		1889	6 AGE (IN YEARS LAS	1111	IF UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN
ath. Page rail direct	70. BIRTHPLACE	ISTATE OR FOREIGN	TE CITIZEN OF	WHAT COUNTRY?	MARRIE		MARRIED [9 BALTIMORE CI			
rs after dea by the fune filed within	DO CITY OR TOV	VN OF DEATH	III. NAME OF H	OSPITAL, NURSII HEACILITY, GIVE STREET Tayo Road	NG HOME C		STITUTION	120. USUAL OCCU	PATION	12b. KIND OF	BUSINESS OR
MARYLAND 21201 ted within 24 hours of and 2 should be file		ICE (IF NURSING HOME C	OR OTHER INSTITUTION,		RE ADMISSION)	134 INSIDE	CITY LIMITS?	750 Mayo	Road		
MARYLAN ed within mpletely f and 2 sho	I4. FATHER'S NA	ME	MIDDLE	TAYLO			'S MAIDEN NAM			IAST	
BALTIMORE, MA cate be executed a vysicion and campl opers. Poges I and roal. rt, the medical gra	NO NO OR UN	(SED EVER IN U.S. AI	RMED FORCES?	214-144-1		17. INFORM		OWN 750 M	DDRESS	. Edgema	ter, Md.
RDS, 301 W. PRESTON ST., BALTI equires that the death certificate b n signed by the attending physicio Then please remove carbon papers, ta burial, cremation, ar remaval. injury, or other traumatic event, the	Conditio gove ri couse underlyin	DEATH (Enter of DEATH WAS CAUS IMMEDIA	DUE TO, OR DUE TO, OR DUE TO, OR (c)	R AS A CONSEQUE	PENCE OF	0	D TO THE TERMI	NAL DISEASE OR (CONDITION G	IVEN IN PART 1(o	aliati.
he low roon. hos bee permit. ene prior	19a. DATE	OF OPERATION	196. CONDI	TION FOR WHICH	OPERATIO	N WAS PERF	ORMED	20a. AUTOPSY?	IN CERT	ES, WERE FINDING IFYING CAUSES OF	GS USED OF DEATH? NO
ON OF VITAL HYSICIAN: The ding physicion is certificate the burial-tronsit ph Mental Hygien	OD COLUMN	ENT WAS UNDERLYING [BUTING CAUSE OF DE	HOUR A.	M. MONTH D	AY YEAR	21c. HOW II	NJURY OCCURR	ED (ENTER NATURE OF	INJURY IN ITEM 18,	PART 1 OR PART 2}	
DIVISION O DING PHYSIC or attending After this cent os the burial olth and Ment marked or ten	WHILE	NOT WHILE AT WORK		EET, FACTORY, OFFICE,	1	211. LOCAT	ION IN	CITYO	RTOWN	COUNTY	STATE
TENDI intol or IOR: A or use of Heolis	22a.1 cert	fy that (I) (this hasp the deceased alive a c, (I) (we) (did) (did)	oital) amended the	deceased from 19_	80	nd that in (my) (our) opinion o	, to leath occurred on t	he date and ha		hat (Li-(we) last ouses stated
AL OR ATT the hospin AL DIRECT detached for one Dept. of	22b. S		Cly	oll.	M	DEGREE	ATTENDING PHYSICIAN		STAFF YSICIAN []	1220. DATES	L80.
TO HOSPITAL OR AI retoined by the hosp TO FUNERAL DIRECT Should be detroched with the Stote Dept. Of MPORTANT: If them \$1.50 to \$	22d PHYS	ICIAN'S NAME (TYPE	OR PRINT)			22e. ADDRE	55				Tau S
0 5 0 0 4 € ¥ ₹	230. BURIAL, CR	EMATION, REMOVAL ${f L}$	23b. DATE 2-13-]			EMETERY OR		23d. LOCATION CITY OF TOWN Edgewa	ter. Ma	county aryland	STATE
DHMH-16 60M 1/73 (VR A 15 (4))	24 FUNERAL DI	RECTOR M REESE &	SONS MOR	ADDRESS TUARY P	Annapo .A.	olis,Mo	1. PEE	1 3 1980	RAR 25b. RECK	TRAR'S SHOULD	georly

	the state of the state of			
00	pent la	ot.		
the formation and				Chara in
		7	19.4	
back cyn. dec			.7.	
4-17				410
ene 750 mayo M. Legenselm, I	E AUDITURAL	30.00-Ad_1		
naster, cuttern	ريا مائي، ر		NOT UTS	ALTAUT.
				MORRISH HARALES

	1	1				TE OF MARYLAND	at the same	-	0 3 5	
20	6	1-	FOR STATE			HEALTH AND MENTAL I	YGIENES U	U	2 0 0	dif
		1 25	REGISTRAR		CERT	ITICATE OF DEATH		G. NO		
	e 3	I. DEC	OR PRINT)	1011 Milo	Fulgan	REGISTAL	20 DATE OF DEA	HTMOM HT	1980 2	h HOUR
	moy be poge	3. SE	SUN MET	4 RACE		OF BIRTH	6 AGE (IN YEARS LA	~ -	IF UNDER 1 YEAR	F UNDER 24 HRS
	10	2 6	/ /	B	AB	F, 206- 74	63	YRS.		HOURS MIN.
	35	./e. BI	RTHPLACE (STATE ORFOREIGN)	76 CITIZEN OF WH.	MARE WIDO	NED NEVER MARRIED	BALTIMORE C	OR COUNTY	VAN C	IP LMD.
5	by the filled with	14	NNAboh 15		SPITAL, NURSING HOMI CILITY, GIVE STREET ANDRESS)	OR OTHER INSTITUTION	120 USUAL OCC	JPATION MOST OF WORKING U	12h KIND OF INDUSTRY	BUSINESS OF
D 2120	filled in bound be filled in bound be filled in bould be filled in bound boun	USU/ 13a. S	AL RESIDENCE (IF NURSING HOME OR TATE)	OTHER INSTITUTION, GIVE	E RESIDENCE BEFORE ADMISSIO	138 INSIDE CITY LIMITS	? 13e. STREET ADDR	ESS	13/4	7)//
LAN	sh sh	14. FA	THER'S NAME	1/7· V	(NNAPOLIS	YES NO []		1564/	TVE	
MAR	The Car	F	jelder "	AIDDLE Br	OWN	CLAR	A R	ANG	LA LIAST	
TIMORE	be execu		VAS DECEASED EVER IN U.S. ARA ES, NOOR UJIKNOWN) (IF YES, GIVE	MED FORCES? 16b	14-05-122	17 INFORMANT	NA. Bi	DDRESS	SAME	As 13E
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120	death certificate by ottending physicio ove corban papers fron, or removal.	1	18 CAUSE OF DEATH (Enter onl PART I. DEATH WAS CAUSED IMMEDIATI	E CAUSE (o)	S A CONSEQUENCE OF	Imonary	Ann	est	BETWEEN ON	4- 6
OI W. PRES	s that the ed by the allease remoted, cremo or other tr		Conditions, if any, which gove rise to immediate cause (0), stating the underlying cause lost	(c)	ANDIOMY S A CONSEQUENCE OF					7 - 13
DS, 2	quires signe hen p to bur	NO.	PART 2 OTHER SIGNIFICANT C	ONDITIONS <u>CONT</u>	FRIBUTING TO DEATH 8	JT NOT RELATED TO THE TI	ERMINAL DISEASE OR	CONDITION GIV	EN IN PART 1(0)	
IL RECOR	beer mit.	CERTIFICATION	19a date of operation	196 CONDITIO	N FOR WHICH OPERAT	ION WAS PERFORMED	200 AUTOPSY?	IN CERTIF	WERE FINDING	
DF VITA	physical in the control in the contr		2] g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT		MONTH DAY YEA					
MISION	id de h	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	P.M. 21e PLACE OF 1 (AT HOME, STREET,	INJURY FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY	OR TOWN	COUNTY	STATE
			22a. I certify that in his hospital sow the deceased alive on above, (1) (we) (did) (did not	2-23	19 80	ond that in (our) opin	. 10	the date and hou		ot (I) lost uses stoted
	t e p e p		72h SIGNATURE	/ C	2	DEGREE	G MEDICAL	STAFF	27c. DATE SI	GNED/CO
	TO FUNERAL DI etoined by the TO FUNERAL DI should be detoch with the Stote De MPORTANT; If II		224 PHYSICIANES NAME (TIME OR	PRINTI	-	22e. ADDRESS	DIRECTOR PH	175ICIAN []		1
	TO HOSP retoined to FUNE should be with the Simport A	00 6	KONALD A.	LICICE	//	11/697	650141	St. K	nage	113MD
	ВР	730.	URIAL, CREMATION, REMOVAL	23b. DATE	- QO DIN	CEMETERY OR CREMATOR	RY 23d. LOCATION	Abelis	colony 1	MIL
	DHMH - 16 50M 1/76 (VR A 15 (4))	24.FU	INERAL DIRECTOR	TILA	KINDS A BOL	1 10 1	DATE REC'D. BY REGISTAN	RAR 25b. RPC ST	BAR'S MUNICIPAL	waty

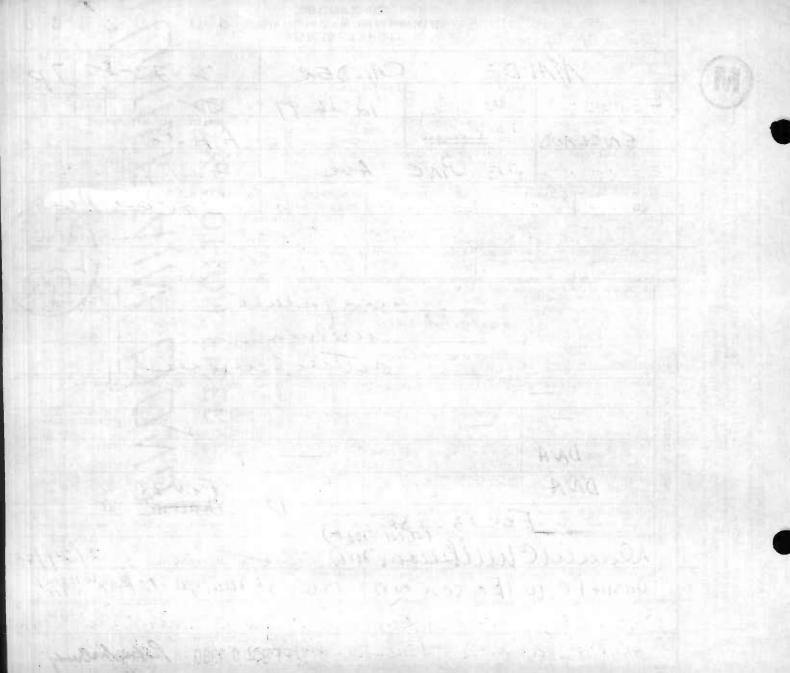




	1	STATE REGISTRAR	DEFA		ALTH AND MENTAL HYG CATE OF DEATH	REG. N	0.	0 0
M	I. DEC	CEASED NAMEMargare	t Herena	Burk	kowske owske	Ze DATE OF DEATH	2 25 80	b HOUR
s after the	3 SEX	Female	PAUCASIA	S. DATE OF	BIRTHY DAY YEAR 1915	6 AGE IN YEARS LASTER	THDAY IF UNDER 1 YEA MONTHS DAYS	
72 hour		RTHPLACE (STATE OR FOREIGN 7	CITIZEN OF WHAT COUNT	RY? I MARRIED WIDOWED	□ NEVER MARRIED □ □ DIVORCED □	9 BALTIMORE CITY O	A rundel	
by the full of within the full of the hotel	10 CI		11. NAME OF HOSPITAL, NUI	RSING HOME OR		12e USUAL OCCUPAT (TYPF,OF WORK FOR MOST,O Inspest	ION DE WORKING LIFE] INDUSTR	of Business o
filled in the file file file file file file file fil	USU/ 13a. S	AL RESIDENCE (IF NURSING HOME OR C		OWN , 11	34 INSIDE CITY LIMITS?	130. STREET ADDRESS	Linmont	Dr.
ompletely fille and 2 should edical examine	14 FA	THER'S NAME	Drei	1	s. MOTHER'S MAIDEN NA FIRST Blanche		Stah	AST
Pages 1 ar		VAS DECEASED EVER IN U.S. ARM	MED FORCES? 166 SOCIAL S	ECURITY NO.	Miss.June	M.Burkows	ess San	ne As 1
physicia papers. imoval. ic event		18 CAUSE OF DEATH (Enter only PART I DEATH WAS CAUSED	y ane couse per line far (a), (b) BY:		lemont	age	APPRO BETWEE	MATE INTERVAL
the attending remove carbon remation, or r	1	Conditions, if any, which gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSE	in C	CUAT	let long	rlegii 56	days
0		underlying cause last.	DUE TO, OR AS A CONSE	QUENCE OF				
n signed by then please i t to burial, o	NO		(c)		OT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIVEN IN PART	
e has been seement. The ene prior to shows any	TIFICATION	underlying cause last.	(c)	TO DEATH BUT N	rellita	INAL DISEASE OR CON 200 AUTOPSY? YES NO	//	INGS USED
an. cate has been it permit. The yejene prior to 18 shows any	CAL CERTIFICATION	underlying cause last. PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING ONDITIONS CONTRIBUTING 195 CONDITION FOR WH	TO DEATH BUT N	rellita	20a AUTOPSY? YES NO	200. IF YES, WERE FIND IN CERTIFYING CAUSE YES	DINGS USED ES OF DEATH?
HYSICIAN: The law riphysician. is certificate has been: islatransis permit. The lantal Hygiene prior to ritem 18 shows any	MEDICAL CERTIFICATION	UNDERLYING COUSE 1051. PART 2 OTHER SIGNIFICANT COUNTY OF THE COUNTY OF	ONDITIONS CONTRIBUTING ONDITIONS CONTRIBUTING 19b CONDITION FOR WH 21b. TIME OF INJURY HOUR A.M. MONTH	TO DEATH BUT N PICH OPERATION DAY YEAR 19	WAS PERFORMED	20a AUTOPSY? YES NO	208. IF ASS. WERE FIND IN CERTIFYING CAUSE YES THE TEM 18, PART 1 OR PART 2)	DINGS USED ES OF DEATH?
TENDING PHYSICIAN: The law rail or attending physician. TOR: After this certificate has been in use as the burial-transit permit. The free than of Mental Hygiene prior to the the marked or Item 18 shows any and it is marked or Item 18 shows any in the state of Item 18 shows any in the marked or Item 18 shows and Item 18 sh		Underlying couse last. PART 2 OTHER SIGNIFICANT CO. 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF ETHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE AT WORK AT WORK 22a.1 certify that (1) (this hosping saw the deceased alive and	ONDITIONS CONTRIBUTING ONDITIONS CONTRIBUTING ONDITION FOR WH 21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21c. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF	DAY YEAR 19 FICE, FARM, ETC.	WAS PERFORMED 71c HOW INJURY OCCUR	ZOG AUTOPSY? YES NO CITY OR TO	206. IF APS. WERE FIND IN CERTIFYING CAUSE YES THE TEM 18, PART 1 OR PART 2)	DINGS USED ES OF DEATH? NO STATE
ord A I LENDING PRESIDENT IN Elaw randomy oppital or attending physician. PARECTOR: After this certificate has been red for use as the burial-transit permit. The lept. of Health and Mental Hygiene prior to fitem 21 is marked or Item 18 shows any		Underlying couse last. PART 2 OTHER SIGNIFICANT CO. 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	ONDITIONS CONTRIBUTING ONDITIONS CONTRIBUTING ONDITIONS CONTRIBUTING IPP CONDITION FOR WH 21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21c. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF	DAY YEAR 19 FICE, FARM, ETC DIM DIM DIM DIM DIM DIM DIM DI	WAS PERFORMED ZIC HOW INJURY OCCUR ZIIF LOCATION STREET 19 80	ZOG AUTOPSY? YES NO CITY OR TO	208. IF XES, WERE FIND IN CERTIFYING CAUSE YES WAY COUNTY WAY COUNTY 19 80 1276. DAT	DINGS USED ES OF DEATH? NO STATE
OT A TTENDING PHYSICIAN: The law randspiral or attending physician. DIRECTOR: After this certificate has been a red for use as the burtal-transit permit. The ept. of Health and Mental Hygiene prior to fitem 21 is marked or Item 18 shows any		Underlying couse last. PART 2 OTHER SIGNIFICANT CO 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22a. I certify that (1) (this hosping sow the deceased alive an above, (1) (wee) (did) (dud an above, (1) (did	ONDITIONS CONTRIBUTING ONDITIONS CONTRIBUTING ONDITIONS CONTRIBUTING IPP CONDITION FOR WH 21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21c. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF	DAY YEAR 19 FICE, FARM, ETC. 1	WAS PERFORMED 21c HOW INJURY OCCUR 21f LOCATION STREET 19 80 that in (my) (our) opinion EGREE ATTENDING	200 AUTOPSY? YES NO CITY OR TOTAL A MEDICAL STA	208. IF XES, WERE FIND IN CERTIFYING CAUSE YES WAY COUNTY WAY COUNTY 19 80 1276. DAT	STATE , that (I) (we) late causes stated
ial or attending physician. TOR: After this certificate has been; r use as the burial-transit permit. The freath and Mental Hygiene prior to 721 is marked or Item 18 shows any	WEDICAL WEDICAL	Underlying couse last. PART 2 OTHER SIGNIFICANT CO. 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	ONDITIONS CONTRIBUTING 19b. CONDITION FOR WH 21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF	DAY YEAR 19 FICE, FARM, ETC DIM 236. NAME OF CER	WAS PERFORMED 216 HOW INJURY OCCUR 216 LOCATION STREET 19 50 that in (my) (ow) opinion EGREE ATTENDING PHYSICIAN	Z00 AUTOPSY? YES NO RED (ENTER NATURE OF INJU CITY OR TOV death occurred on the d MEDICAL STA DIRECTOR PHYSIC 234. LOCATION CITY OR TOWN	20b. IF XTS, WERE FIND IN CERTIFYING CAUSI YES WAN COUNTY WAN COUNTY 221. DAT FF CIAN 221. COUNTY	STATE , that (I) (we) la

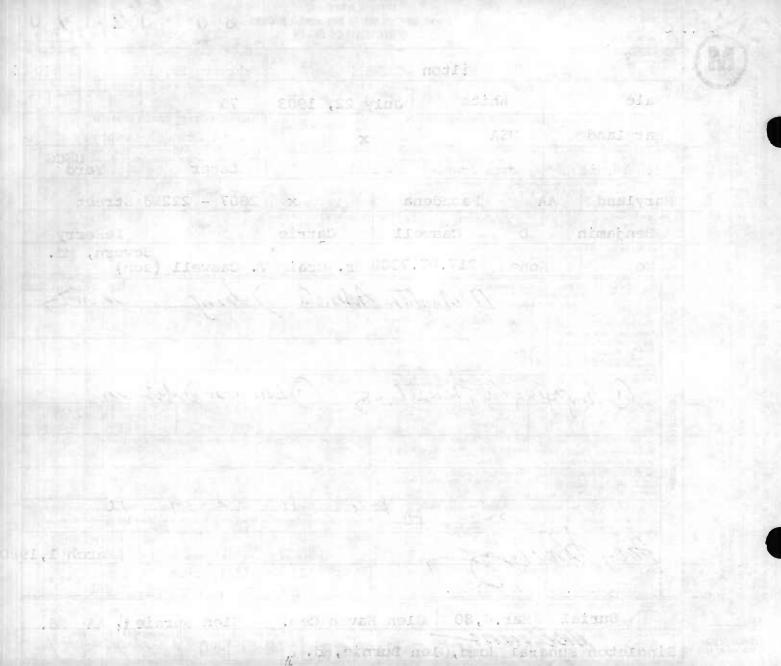
No. 18 De Henriere & West Terrinant De And the state of t WELL SEED THE SECOND SE The state of the s Marie of the State of the State of

1			STATE OF MARYLAND	0 0 0 0
L			FOR Info added Film #541 DEPARTMENT OF HEALTH AND MENTAL HYGIENE 0	2000
			STATE REGISTRAR 3/5/80 kam CERTIFICATE OF DEATH REG. NO.	
			EASED NAME FIRST MIDDLE LAST 20. DATE OF DEATH MONTH DA	AY YEAR 26. HOUR
	1		MAUDE CALDED 2=23-	-80 7 pm
		3 CEV	4 RACE 5. DATE OF BIRTH 6. AGE (INYEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UND R 24 HRS
		3. SEX	MONTH DAY, YEAR	ONTHS DAYS HOURS MIN
	0 11		9 BALTIMORE CITY OR COUNTY	OF DEATH
	# 157 50 J		UNITARY MARRIED NEVER MARRIED A A C	AAD
	9 55 5/	10 CIT	TY OR TOWN OF DEATH. 111. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 128. USUAL OCCUPATION	126. KIND OF BUSINESS OR
=	by the filled with	SE	VERNA PLANTIN SUCH FACTOR STREET DORESS) AVE (TYPE OF WORK FOR MOST OF WORKING HEE)	INDUSTRY home
1120	pe in of	USUA 13a, S	L RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE SEFORE ADMISSION) 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS	
Q	filled ould b		Quebec Kirkland YES NO 16772 Hymus	Blvd.
YLA	thin rely 2.sh iner	14. FA	THER'S NAME FIRST MODIE LAST LAST MIDDLE MIDDLE	LAST LAST
MAR	ond of the		tred Sorton Mande	Treves
RE, A	5 0-	16a. W	VAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANTA ADDRESS ES, NO OR UNKNOWN) 1/F YES, GIVE WAR OR DATES)	01-
WOI	Poges medico	(11	Telly Spriffing	arre
BALTIMO	te b sicior pers. al.		18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)	BETWEEN ONSET AND DEATH
60	physic npape moval		PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0)	Belongs
TS N	ding pharbon arbon or rem		4409 DUE TO, OR AS A CONSEQUENCE OF	A CONTRACTOR
1010	oth e cc on,		Conditions, if ony, which (b) wrence	
W. PRESTON	he de emov matic		gove rise to immediate	
	that that the state of the stat	23	underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF CELLULO S CLEVORES	
301	P 9 9 5		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVE	N IN PART 1(o)
DS,	equires n signe Then p r to bur	Z O		
DIVISION OF VITAL RECORDS, 301	been mit. prior	CERTIFICATION	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES	, WERE FINDINGS USED YING CAUSES OF DEATH?
E RE	Z spec S	Ę		NO 🗆
/ITA	YSKCIAN. The leding physicion. is certificate hos buriol-tronsit per Memfol Hygiene. The 18 shows or Item 18 shows	8	216. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PA	ART 1 OR PART 2)
P.	SICIAN: TI ng physicia certificate riol-tronsit tentol Hygi		OR CONTRIBUTING DAY OF ATH (IF ETHER, NOTIFY MEDICAL EXAMINER) P.M. 19	
NO	HYSICIA nding ph nis certifi buriol-tu Mentol or Item 3	MEDICAL	71d IN JURY OGSURRED 21e PLACE OF INJURY 21f. LOCATION	COUNTY STATE
VISI		W	WHILE AT WORK AT WORK (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	04
0	Z = # 8 # 0		228.1 certify that (I) (this hospital) arrended the deceased from	that (I) (we) lost
			sow the deceased alive on 12 23 19 0, and that in (my) (our) opinion death occurred on the date and hou	r and from the couses stated
			obove, (I) (we) wiew the body offer deoth.	22c. DATE SIGNED
	0 5 0 0 7		Receil Chillselson MD ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN	2/24/80
	- Q III o S A	-	224 PHYSICIAN'S NAME (TYPE OF PRINT) 226. ADDRESS	DI annen
	O HOSPITAL TO FUNERAL Should be det with the Stote		Daniel (Wilkerson MD 1563 St margareti	RO1 0-115
	TO HOSP retoined Should be with the IMPORTA	-	THE PROPERTY OF THE PROPERTY O	FIRST VIVAN ()
		230. E	BURIAL, CREMATION, REMOVAL 211. DATE	Cala mil
	BP	21.5	UNISH DIRECTOR	RAR'S SIGNATURE
	DHMH - 16 25M	14.	What I Kenne would lucine 15 FFR 2 6 1980	my Mc Bready



						STA	TE OF	MARYLAND						
	1		FOR			DEPARTMENT OF	HEALTI	H AND MENTAL	LHYGIEN	A O	0	2	3 8	Q
			STATE REGISTRAR		ME	DICAL EXAMIN	NER'S	CERTIFICATE	OF DEA	TH T	REG. NO.	dia .	., 0	
			EASED NAME _	EIRST		MIDDLE		LAST	17	e DATE KN		ONTH DAY	YEAR	2b. HOUR
	4		OR PRINT)	1		1	1	2		OF F	STI-		- 1	1
	ASE OR. ES. JRS		_	AMES		L.	-	ANNOR	7	DEATH M.		2 2	1880	N
	PLEAS RECTOR R FILES HOUR SI	1. SEX	4. RAG	CE 5. I	DATE OF BIRTH	6. AGE (IN Y	EARS IF U			C DATE	,,,,	YAG HTMC	YEAR	2d. HOUR
	ARY, PLEAS L DIRECTO YOUR FILE L.72 HOUR	1	Male 6		May 8.	1921 LAST BIRTHI	RS. MON	THS DAYS HOURS	MIN	DEAD	2	-2	1080	M M
	SAI YOUNG		THPLACE (STATE OR	7b.		HAT COUNTRY?	10	April .		BALTIMOR	E CITY OR CO	OUNTY OF		100
	SH SH SH SH	FO	Mary Land	1		11.S.A.		NEVER MA		27	1-	1.11	0	101
	A D S S		0			GI GO I	WIDOV		RCED .	your.	HRUN	ach (OUNT	MD
	THE PAGE AGE STILED	10. CI	Y OR TOWN OF DE	AIH III.		SPITAL, NURSING HOM	E, OR OTI	HER INSTITUTION		OST OF WORKING	TION (TYPE OF V G LIFE)	VORK 120. K	IND OF BUI OR INDUSTR	SIMESS
	AOA H BOK	9	ev BUR	NIE	North	ARONDEL	Lh	shitaL	Pol	iceman	Law	Entone	cement	
	A D B					IVE RESIDENCE BEFORE ADMISS	ION)					-	2011000	
201	29658	13a S	Parukand	Anne /	Trundel	13 CITY OR TOWN	1110	YES NO !	1300STRE	ET ADDRESS	ell Roc	ad		
21.	P. AN SHO SHO L REC			1,4856	industrie.	TROCKETOSTA	CARE			o i o na	ecc not	111		
Q.	PPM STH	14. 82	THER'S NAME	M	IDDLE	LAST		15. MOTHER'S MA		, MIDDE			LAST	
E,	III S.S. Z. Contraction				Unknown	u u			(Inknow	2			
O	PAGE FORM S 1 A	16a. V	AS DECEASED EVER	NU.S. ARMED	FORCES?	16b. SOCIAL SECURI	TY NO.	17. INFORMANT		/	ADDRESS			
N T		(11	S. NO. GRUNNOWN)	(IF YES, GIVE WAR	WATT	219-01-41	91	Mrs. Ann	e M. Co	annon	Same o	71 #17	20.	
BAL	URS A B. GIV WITH PAG DIVISI		10 CAUSE OF DEA	T11/F 1		1		1	C C.		- 04/10			INITERVAL
- 2			PART I DEATH V	VAS CAUSED BY	ne couse per un	e far (a), (b), and (c).)	1	- AVX				Du	APPROXIMATE WEEN ONSET	AND DEATH
S	ERMI FERMI FERMI		11-0-	IMMEDIATE C	1 1 .	Lewell	relie	7 7 4				Kee	ede	
5	A B B		724	2	DUE TO, OF	R AS A CONSEQUENCE	OF							
111	ENCIL IN AMINER TRANSIT ENTAL HY REMOVA	-12	Conditions, if		165									
W.	LTA A NO		gave rise to cause (a) statin		DUE TO OF	AS A CONSEQUENCE	OF						-	
	UTED N PE EXA/ SIAL-1	23	lying cause last		1		OI .							
301	25 200	73	2		(c)									
VITAL RECORDS,	ULD BE EXEC "PENDING" - FF MEDICAL SED AS A BUILD HEALTH AND CREMATION,	z	PART 2 OTHER SIGNIFICA	NT CONDITIONS CONT	RIBUTING TO DEATH	BUT NOT RELATED TO THE TER	MINAL DISEA	SE OR CONDITION GIVEN IN	PART 1 (a).					
E	"PEND EF ME EE AS HEALT	CERTIFICATION	19a. DATE OF OPER	ATION	Tial Colum		DATIONIN					Loc		
LR	OULD "PE IIEF , ISED , CRE	OA	198. DATE OF OPER	ATION	198. COND	TION FOR WHICH OPE	KATION	VAS PERFORMED?				20.	AUTOPSY?	
=	SHO MORD MI OF RIAL	TIE	New Town	50.7			227/14						YES 🗌	NO
OF	WOR WOR THE CLID BE LID BE NENT CLID BE	E S	210. EXTERNAL CAL		216. TIME O	FINJURY A. MONTH DAY YEA	21c. H	OW INJURY OCCUR	RRED (ENTERN	ATURE OF INJURY	IN ITEM 18 PART	OR PART 2)	- 3	
Z	THE OUT THE		UNDERLYING CONTRIBUTING	OR CALISE OF DEA			K							
IVISION	E O F E A &	MEDICAL	21d INTURY OCCUR	RED		OF INJURY (AT HOME,	21f. LC	CATION						-
2	VRITING VRITING ARDED GE 3 S GE 3 S TE DEP	ME	WHILE NOT	WHILE		TORY, FARM, ETC.)		STREET		CITY OR TOWN		COUNTY		STATE
_	WARD WARD PAGE TATE	197	AT WORK AT V	VORK									110	
	R: TE, DRV	150	22a. I certify that	I took charge of	the remains de	scribed abave, held an	Autor	osy , Inspec	tion -	Inquiry	and in	my apinian		
	EXAMINE CERTIFICATION JID BE FOR THE THE WITH THE ARYLAND	10	death resulted fr				uicide _	1	1			, -,		
	STIF BECKE	-	dedin resulted in	The store of the	doses,	Accident	uiciae], Hamicide L	J? Undere	rmined mann	er L.,			1
	CER CER OULD DIR	17	ACTUAL		Honel	7		TITLE (SPECIFY)	1			DATE	2/2	180
	ALE CHOUNTHE CHOUNTH, VITH, VI		SIGNATURE	hard	1x . 157		^	A.D. Japan	MEDI	CAL EXAMIN	ER S	SIGNED	11	
	A S A S S S S S S S S S S S S S S S S S	933	EVALUEDIC MANAGE	=1				//		. 1.	20	ARVEY		
	TO MEDICAL EXECUTE THE PAGE 4 SHOUTO FUNERAL I AFTER DEATH, BALTIMORE, M.	in.	EXAMINER'S NAME (TYPE OR PRINT)	L.LIU.	HARCH			ADDRESS	mof	oles;	ken			
	PAG PAG TO AFT BAL	23a. Bl	JRIAL, CREMATION,		DATE	23c. NAME OF CE	METERY C	OR CREMATORY	Ist. LO	CATION		Constitution of the		ā.
		(5	Burio Burio	,	2/5/80	Cedar H.	-	emeteru.	Tro	/ Limas	- A	COUNTY	1 / 10	LTE .
	BP	24 FI	INERAL DIRECTOR	1 11	-/)/ 00	0 //	- Cr		TE REC'D. BY	REGISTRAD	75 Indie Custon	runna	SUBSIDE AND ADDRESS OF THE PARTY OF THE PART	•
	DHMH - 17 (VR A15 ME (5))	Mc	MANGELLY FU	negal	ome Als	Droportyn 1.	to A	H. 21225-	n t	1980	Mary The	9//100	1	
	15M7/77		0 23	16.10	chapso	Dak	0.,	FE	R 9	1200	/	20		

Personal Residence of the Control of 21.1

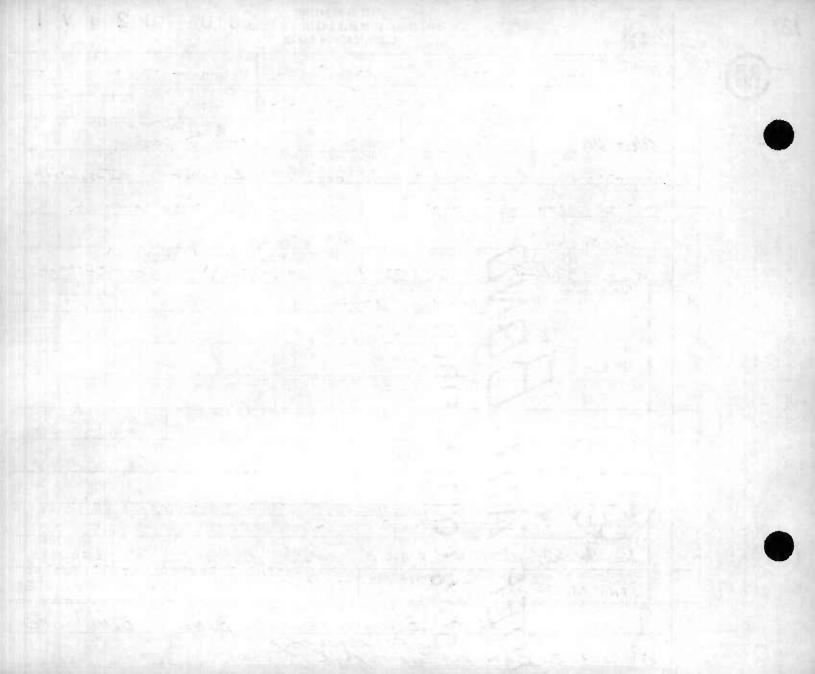


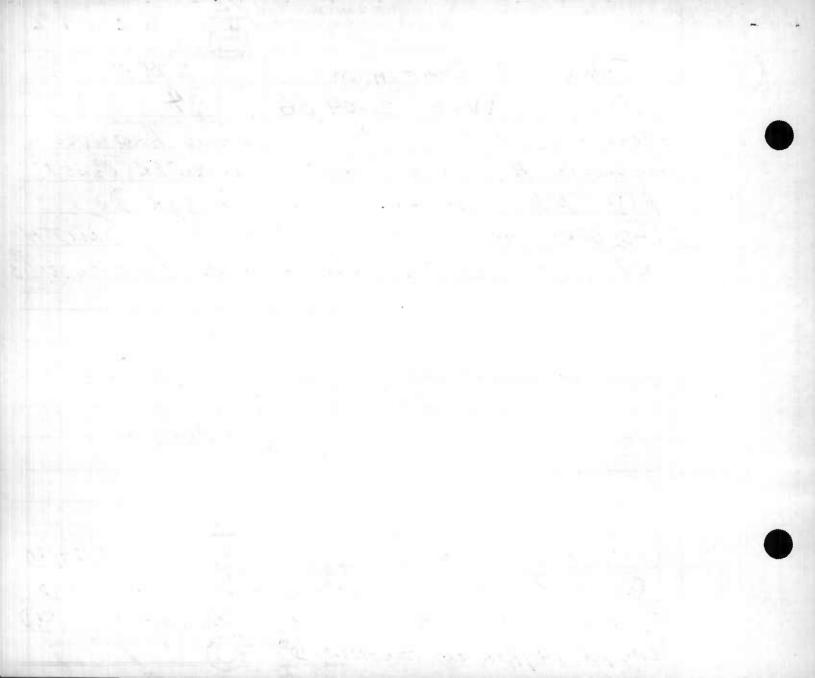
FOR - STATE

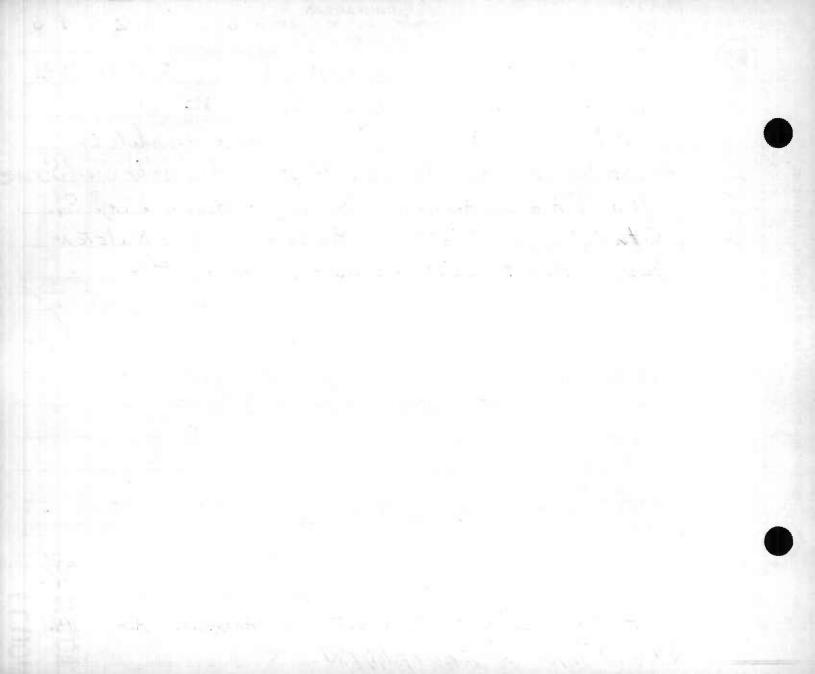
DHMH - 16 50M 1/76 (VR A 15 (4))

REGISTRAR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 2b. HOUR February 19, 1980 BALTIMORE CITY OR COUNTY OF DEATH County 126. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY 1. Asulation 953 Shore Acres Dr. LAST Mrs. Mary (Agaisghter) 220-05-3180 Same as Patient) Mrs. Mary Usilton 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO I 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE 22c. DATE SIGNED 2.20.1980. 22e ADDRESS National Institutes Of Health Center, Bethesda, Md. 20205 STATE Intional LEM DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Barranco Severna Par





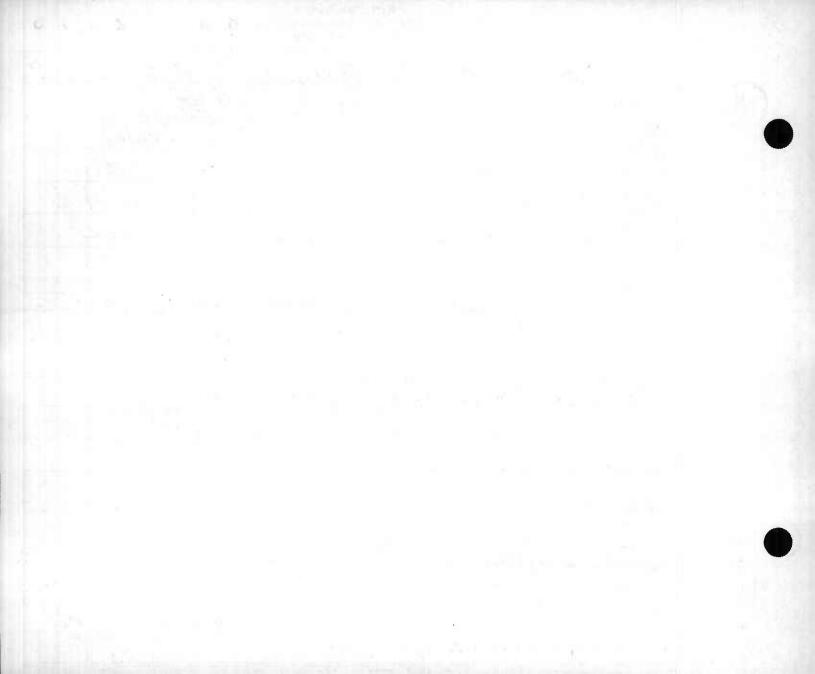


3	1.	FOR STATE REGISTRAR	DEPART	MENT OF	TE OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	IENE 8 0	0	2 3	9. S.T
ay be death		CEASED NAME FRIST OR PRINT) KATIE	MIDDLE		PEIN	FEBRUARY		980	26. HOUR 5:35A.
age 4 ma rector pa rs after d	3 SE	× FEMALE	4 RACE WHITE	S. DATE (6. AGE (IN YEARS LAST BIRT		ONTHS DAYS	IF UNDER 24 HRS HOURS MIN
death. Pa	7a. B	RTHPLACE (STATE OR FOREIGN DUNTRY) RYLAND	76 CITIZEN OF WHAT COUNTRYS	2 8	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY C		Y MD.
by the fulled within	GI	LEN BURNIE	11. NAME OF HOSPITAL, NURSI	EL H	OSPITAL	120. USUAL OCCUPATI (TYPE OF WORK FOR MOST O HOMEMAKER		12b. KIND OF INDUSTRY	F BUSINESS OR
within 24 ha tely filled in should be fill	13a. S	RYLAND	ROTHER INSTITUTION, GIVE RESIDENCE BEFORM TO VITY OR TOVE BALTIMOR	WN	134 INSIDE CITY LIMITS?	130 STREET ADDRESS 2610 LEHMAI	N ST.	21223	
ificate be executed within 24 hour ysician and completely filled in by pers. Pages 1 and 2 should be filled oval.		JOHN	MIDDLE LAST LONG		15. MOTHER'S MAIDEN NA/ FIRST MINNIE	MIDDLE		GRABNER	
te be exe	t,	VAS DECEASED EVER IN U.S. AR (18 YES, GIM	MED FORCES? 166 SOCIAL SECTION SOCIA		CHARLES K, CI	ADDRE LOPEIN 1022			MATE INTERVAL INSET AND DEATH
DING PHYSICIAN: The law requires that the death certitending physician. After this certificate has been signed by the attending p is the burial-transit permit. Then please remove carbon pth and Mental Hygiene prior to burial, cremation, or refmarked or Item 18 shows any injury, or other traumating.	NO	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO	JENCE OF	NOT RELATED TO THE TERM	INAL DISEASE OR CONI	DITION GIVEN		peeks
I: The law te has bee permit. Tiene prior is shows ar	CERTIFICATION	19a DATE OF OPERATION	1% CONDITION FOR WHICH OPERATION WAS PERFORMED			200 AUTOPSY? 206. IF YES, WERE F IN CERTIFYING CA			GS USED OF DEATH?
ING PHYSICIAN ending physician. ifter this certificat the burial-transit pand Mental Hygis and Mental Hygis arked or Item 18	MEDICAL CER	216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE- (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. IN JURY OCCURRED WHILE AT WORK AT WORK	HOUR A.M. MONTH D	19	214. HOW INJURY OCCURR 211 LOCATION STREET		Y IN ITEM 18, PAR		STATE
AL OR ATTEN the hospital or a AL DIRECTOR tached for use a te Dept. of Heal		22a. I certify that (I) (this hospi saw the deceased alive on above (T) (we) (did) (did no	t) New the body after death.		nd that in my four) apinion of DEGREE	MEDICAL STAF	# IAN []	22c. DATE S	SIGNED &
TO HOSPIT retained by TO FUNER, should be de with the Sta MPORTAN			PEARLMAN, M.D.			URNIE, MAI	E BRAN	NCH RO	AD 61
005 BP	BU	uriat, cremation, removal pecify) JRIAL			CEMETERY OR CREMATORY VEN CEMETERY	23d LOCATION CITY OF TOWN	IE A.	OUNTY . A .	STATE MD.
DHMH-16 25M (VRA 15 4) 1/79		UNERAL DIRECTOR JBBARD FUNERAL	HOME 4107 WILKE	ENS AV		REC'D. BY REGISTRAR	25b. REGISTRA	R'S SIGNATU	JRE



FEBRUARY US, 1980	Azzie	AMERAN ITE	
66	opril 22, 1915	white	9[8]
ANNE ARRIGHE COUNTY	>:	Heu g	Tennessee
hous=Wife home	HOSPITAL	NORTH AKUNDEL	BINGOS MAJO
169 Chesapeake Trailer Lour		A. Ranover	. / b
2.516		nivio	aceirrs!.
ins same as above	3727 _vans oll	. 86 864	on
TIME MILID AVISO JATI	325 HOSE	PERKY, M.D.	LEON C.

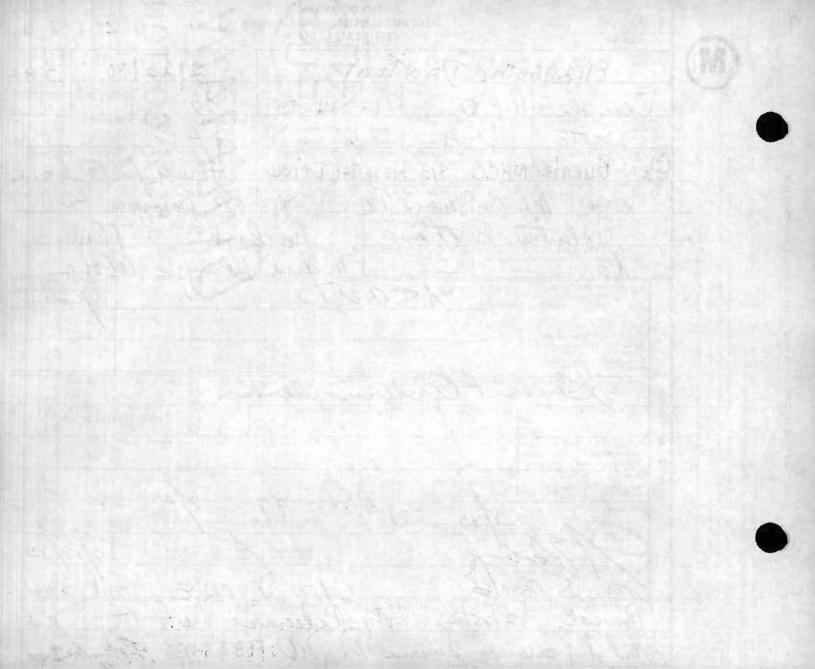
FOR



-11		- 1				STATE OF MARYLAND	The sta	
X			1 -	FOR STATE REGISTRAR	DEPAR	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE & U	0289/
e p	e ξ			CEASED NAME FIRST	MIDDLE	CP 6	20. DATE OF DEATH	MONTH DAY YEAR 26 HOUR
moy b	director, page 3 hours after death		3. SEX	OHOLD	4 RACE	5 DATE OF BIRTH	6 AGE IN YEARS LAST BIRT	1 O O I M
4	of te		3. 3E		0 . 00 0	MONTH DAY YEAR		MONTHS DAYS HOURS MIN.
000	Sirec		Zn. BIE	RTHPLACE SISTATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	1 20 1877	103	YRS. PR COUNTY OF DEATH
leath.	within 72 h	1	D'	CONTROL ON POREIGN	LisiA.	MARRIED NEVER MARRIED WIDOWED DIVORCED	Anne	ARUNDEL MD.
01 s offer o	by the fu	70	Ar	ORIJOWN OF DEATH	11. NAME OF HOSPITAL, NURS	ING HOME OR OTHER INSTITUTION ET ADDRESS)	12a USUAL OCCUPATION OF WORK FOR MOST OF WORK FOR MOST OF	F WORKING LIFE) INDUSTRY
VD 2120	E e a	/	USUA 13a S	1	INTY 13 SITY PRITO	DRE ADMISSION)	13e STREET ADDRESS	Old Murkirk Rd.
MARYLAND ed within 24	sh			THER'S NAME FIRST	MIGDLE LAST	15 MOTHER'S MAIDEN NO.		TO LAST
		60		Agus	Stus Kos	5 5	PARAH	KOSS
BALTIMORE,	Poges	2		(AS DECEASED EVER HT U.S. AF ES, NO OR UNKNOWN)	RMED FORCES? 166 SOCIAL SEC VENUER OR DATES) 215-20	0-3611 OSCAR CRE	imp Bell	Sold Musrkirk Rd.
BALT.	papers papers naval.			PART I. DEATH WAS CAUSE		ndicultar Failes	18	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
N ST	ding garban or ren			44 / IMMEDIA	ATE CAUSE (0)	, our w		
PRESTON he deoth ce	ye on,		7	Conditions, if ony, which	DUE TO, OR AS A SONSEQ	i home		
	the rem			gove rise to immediate couse 101, stating the	DUE TO, OR AS A CONSEQ			
201 W	p e e			underlying couse lost.	(c)			
S E	signe hen p ta bur		z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIVEN IN PART 118
RECORD	been mit. T prior t		CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH	H OPERATION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDINGS USED
AL RE	hos bern	9	IFIC				YES NOT	IN CERTIFYING CAUSES OF DEATH?
VITA Z	S S S S S S S S S S S S S S S S S S S		CERI	21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c. HOW INJURY OCCUI	RRED JENTER NATURE OF INJUI	
OF OF	ding physics certifico buriol-trai	9		OR CONTRIBUTING CAUSE OF DE		DAY YEAR		
NO N	buring American		MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY	211 LOCATION	CITY OR TOV	VN COUNTY STATE
DIVISION OF	atten ter th is the n ond		¥	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE	, FARM, ETC.)	CITY OR TOV	VN COUNTY STATE
0 4	R: After				oital) attended the deceased from	, 19	, to	. 19, that (I) (we) lost
THE PERSON NAMED IN COLUMN 1	TOR for u			sow the deceased alive or above, (1) (we) (did Adid no	ot) view the body after death.	, and that in (my) (our) apinion	death occurred on the de	ote and hour and from the couses stated
OK W	DIREC Dept.			226. SIGNATURE		DEGREE		22c. DAJE SIGNED
A AND THE PROPERTY OF	y the			X4	nice	MD ATTENDING PHYSICIAN	MEDICAL STAI	
IASC	d be	1		22d. PHYSICIAN'S NAME TYPE C		22e ADDRESS 102	21 LIGH	T ST.
OH	TO FUNERAL Described by the should be deto with the Stote Described by the stote Described			C. V. CYR	(INC	BALTI	MORR,	Mn 21230
- 2 - 2 -			23a. B	URIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORX	23d LOCATION CM ORTOWN	COUNT STATE
0201	BP		04.5	DURIAL	2-22-80 (rueens Chapel CE	in Delts	ville Ir Leo Ma.
	f - 16 50M 7/77 R A 15 (4))		C	NERAL DIRECTOR R S	nouslan 2 tolks 1	V. WASh. ST. 250. DA	FFB 2 2 1980	256. REGISTRAR'S SIGNATURE

I The second to the second of HAT TO SEE PERSONAL TO SEE STATE OF THE SEE SEEDS AND THE

	1.				E OF MARYLAND					
	1.	FOR STATE REGISTRAR		DEPARTMENT OF F	ICATE OF DEA		REG. N	22 1 31 31 17 3	2 3	98
(M)	I. DE	CEASED NAME FIRST	MIDDLE	1	AST	20	DATE OF DEATH	MONTH DAY		26 HOUR
moy b	3. SE	Elizab	EIN C: 1	DO LOX	OF BIRTH	6	AGE (DYYEARS LAST BIR	23 8		D A A
oge 4 m rector urs offin	5. 32	cenale	White	MONT	d DAY	85	93	YRS.	ITHS DAYS	HOURS MIN
Juneral di non 72 ha		RTHPLACE STATE OR FORE	76. CITIZEN OF WHAT CO	OUNTRY?	D NEVER MARI	RIED 9	BALTIMORE CITY	OR COUNTY OF	DEATH	M
by the fur filed within	6	en blente	NAME OF HOSPITAL	L, NURSING HOME (GIVE STREET ADDRESS)	410		D. USUAL OCCUPAT		126. KIND OF	BUSINESS OR
24 hours	USU/ 13a. S	AL RESIDENCE (IF NURSING HOME OR	OTHER INSTITUTION, GIVERESID	ENCE BEFORE ADMISS ON	134 INSIDE CITY I	MWIZS ID	STREET ADDRESS		A	15
ed within :	14. FA	THERS HAME	THE ROLL	A CONTRACTOR	15 MOTHER'S MA	up(MODEL	The state of	+ Pin	
5 0-	lás. V	AS DECRASED EVER IN U.S. ARV	MED FORCES? IN SOC	IAL SECURITY NO	II INFORMATIN	arks	ADDR	ESS /	hu	1
on o	-	NO -	- -	_	Mille	ed 1	Jarvey	- 64	bour	MI LYNN
physici n poper movol.		PART I DEATH WAS CAUSED IMMEDIAT	Der	15C	UD		0			ed and Death
deoth certif offending p ove corbon fron, or rem		4292	DUE TO, OR AS A CI	ONSEQUENCE OF			har will		1	
the emo		Conditions, if any, which gave rise to immediate couse (a), staring the underlying cause last	DUE TO, OR AS A CO	ONSEQUENCE OF			BI W	137	SUM	AL S
equires that is signed by Then please to burial, cr	Z	PART 2. OTHER SCHIP CANT C	ONDITIONS CONTRIBU	TING TO DEATH BUT	NOT RELATED TO	THE TERMINA		IDITION GIVEN	IN PART 1(0)	
low rate of the control of the contr	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FO	R WHICH OPERATIO	N WAS PERFORME		200 AUTOPSY?	206. IF YES, W IN CERTIFYIN YES F	IG CAUSES C	
N. T. N. T. Specification of the second of t		210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA		ONTH DAY YEAR	21c. HOW INJUR	Y OCCURRED	(ENTER NATURE OF INJU			140
H is in	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d IN JURY OCCURRED	P.M. 21e PLACE OF INJUR (AT HOME, STREET, FACTO	19 RY	21f. LOCATION		City on to	2	COUNTY	STATE
re of the state of	×	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTO	RY, OFFICE, FARM, ETC.)		-0	1	13	CO	STATE
The Service Se		220.1 certify that (1) (this hospit sow the deceased alive on	1/1/3	10 800	nd that in (my) (our	r) opinion deo	, to	19_ late and hour or		not (I) (we) los ouses stoted
ORTHON DIRE		above, (Nwe) (drd) (did not	view the body after dea	oth.		NDING _A	MEDICAL STA		22c. DATES	IGNED)
HOSPITAL OR ined by the Proversel Difference by the Provential Difference by the State Deriversel Difference by CRTANT. If the		224 BHYSICIAN'S NAME (TYPE OF	PRINT)		PHY:	SICIAN D	IRECTOR PHYSI	CIAN .	101	700
TO HOSPITA retoined by TO FUNERA should be del with the Stall IMPORTANT	220 5	JURIAL CREMATION, REMOVAL	30106 123b. DATE /	122. MANUTE COLO	EMETERS OF CREA	1 R	TRIVIF 23d LOCALINA	, 1	10 =	2/06/
BP	(Sural	2/25/80	Holy	Kede	emic	CITYCHON	- O	LA	STATE
DHMH - 16 50M 7/77 (VR A 15 (4))	24. FI	the first of Sour		DDRESS Poure	Dk In	250 DATE RE	B 2.6 198	56. REGISTEAN	R'SSIGNATU	RE



DHMH-16 25M (VRA 15, 4) 1/79

	1 -	FOR STATE REGISTRAR			DEP	ARTMENT OF H	E OF MARYI BEALTH AND ICATE OF	MENTAL HYG		REG. NO.	0 2 8	9 9 9 EST
		CEASED NAME OR PRINT)	HELENA		MMN		AVIS		FEBRU			10:45
	3 SE)	X	4	RACE		5. DATE C			6. AGE (IN YEARS	•	IF UNDER 1 YEAR	
H	I	Female		Cauc	asian	reb.	8,198	OYEAR	86	Y	MONTHS DAYS	HOURS MIN
		RTHPLACE ISTATE			WHAT COUN	TRY? 8 MARRIE WIDOWE		MARRIED C			EL COUNT	ГҮ
1	G		RNIE	NORTH	HEACILITY, GIVE	IDEL HO	SPITA		120 USUAL OC (TYPE OF WORK FO			OF BUSINESS OR
L	13a S	AL RESIDENCE (I	F NURSING HOME OR OT 13b COUNTY AA	1	13 CITY OR	Burnie	YES 🗌	CITY LIMITS?	13 306	press Howard	l Road	
1	14 FA	ATHER'S NAME FIRST	mg mg	P/A	LAST		15 MOTHER	'S MAIDEN NAM		A	U	AST
	160 W	VAS DECEASED I	EVER IN U.S. ARME NI I IF YES, GIVE W			6-0034	Mrs.		Belvi	ADDRESS n, sam	ne as 13	OXIMATE INTERVAL N ONSET AND DEATH
	NOI		immediate stating the cause last.	DUE TO, O (b) DUE TO, O (c)	R AS A CONS	EQUENCE OF			INAL DISEASE C	A .	OGNA J NGIVEN IN PART I	
1	CERTIFICATION	196 DATE OF OI	PERATION	196. COND	ITION FOR W	HICH OPERATIO	N WAS PERF	ORMED	200 AUTOPS		IF YES, WERE FIND ERTIFYING CAUSE YES []	
	MEDICAL CER	OR CONTRIBUTING (IF EITHER, NOTIFY 21d INJURY OC WHILE AT WORK 228 certify the	at (1) (this haspital	P. 21e PLACE (AT HOME, STI	M. MONTH M. OF INJURY REET, FACTORY, OF	om 100	211 LOCAT STREE	ION . 19 77	, ta	on the date and		state that (I) (a) lost the causes stated E SIGNED Teb. 80
			ZIMMERI		M. D.		220 ADDRE		HTCHIE BURNIE	HIGH	WAY SOUT	TH EAST 1061
	(5	Buria	al	236. DATE 11 Fe	b.80	23c NAME OF C	emetery or Haven	CREMATORY Mem P	Glen	Burni	e, COUNTY	
		NAME S	OR Kinlel	037	ADDRES		Md	25a. DAT	BEGD. BY REG	STEAR 256. RE	egistran's signo	TIBE only

GLEG AT WERMAN, N. E. GLEN SUBNIE, NARWLAND SOOF

Compared to the state of the Late of the L

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FEBRUARY 28

IF UNDER 1 YEAR

DAYS

FOR - STATE CERTIFICATE OF DEATH REGISTRAR 20 DATE OF DEATH MONTH

VINA

REG. NO

HOURS

DECEASED NAME	FIRST		MIDDI LA		
YPE OR PRINT)	MAE				
SEX		4 RACE			
FEMALE		6.0	TIHW		

DAY 5. DATE OF BIRTH MONTH MARCH 6.

WIDOWED

6 AGE (IN YEARS LAST BIRTHDAY) 1914

9. BALTIMORE CITY OR COUNTY OF DEATH ANNE ARUNDEL CO.

PENNSYLVANIA IN CITY OR TOWN OF DEATH BURNTE

TO BIRTHPLACE (STATE OR FOREIGN

11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) NORTH ARUNDEL HOSPITAL USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)

13c. CITY OR TOWN

GLENBURN

76 CITIZEN OF WHAT COUNTRY?

U.S.A.

DIVORCED |

17b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY RURAL RT. CARRIER POST OFFIC 13e. STREET ADDRESS

MARYLAND 4 FATHER'S NAME

LAST RINES

FIRST FERDINAND 17 INFORMANT

MARRIED NEVER MARRIED

15. MOTHER'S MAIDEN NAME

MIDDLE

200 SO. BRIDGE DRIVE APT. UNKNOWN

FIRST CHARLES

NO

60 WAS DECEASED EVER IN U.S. ARMED FORCES (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)

ANNEARUNE

MIDDLE

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)

166 SOCIAL SECURITY NO 171-07-9340A

13d INSIDE CITY LIMITS?

MR. CHARLES H. AUSTIN

Millersville. (SON

PART I. DEATH WAS CAUSED BY. Conditions, if ony, which

gove rise to immediate cause (a), stating the underlying cause last.

DUE TO, OR AS A CONSEQUENCE OF

19n DATE OF OPERATION

19h CONDITION FOR WHICH OPERATION WAS PERFORMED

206. IF YES, WERE FINDINGS USED 20n AUTOPSY

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

CERTIFICATION

8

marked or

MPORTANT

ld b

21b. TIME OF INJURY 21a. ACCIDENT WAS UNDERLYING

HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH P.M

21e PLACE OF INJURY

211 LOCATION

NOD

IN CERTIFYING CAUSES OF DEATH? NO [

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)

COUNTY

(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED WHILE AT WORK

NOT WHILE AT WORK 220.1 certify that (1) this hospital) attended the deceased from sow the deceased aliv

above Dwel (did) did not view the bady after death

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

CITY OR TOWN

, and that in (my) (aur) apinion death occurred an the date and hour and from the couses stated 22c DATE SIGNED

226. SIGNATURE

230. BURIAL, CREMATION, REMOVAL

274 PHYSICIAN'S NAME (TYPE OR PRINT) THOMAS

MD.

AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

22e ADDRESS

DEGREE

23d LOCATION

21122 PASADENA, MD.

28 FEB 80

DHMH - 16 50M 7/77 (VRA 15(4))

3 MAR 180

FOLKEMER.

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

250. DATE REC'D. BY REGISTRAR 25b. RIL

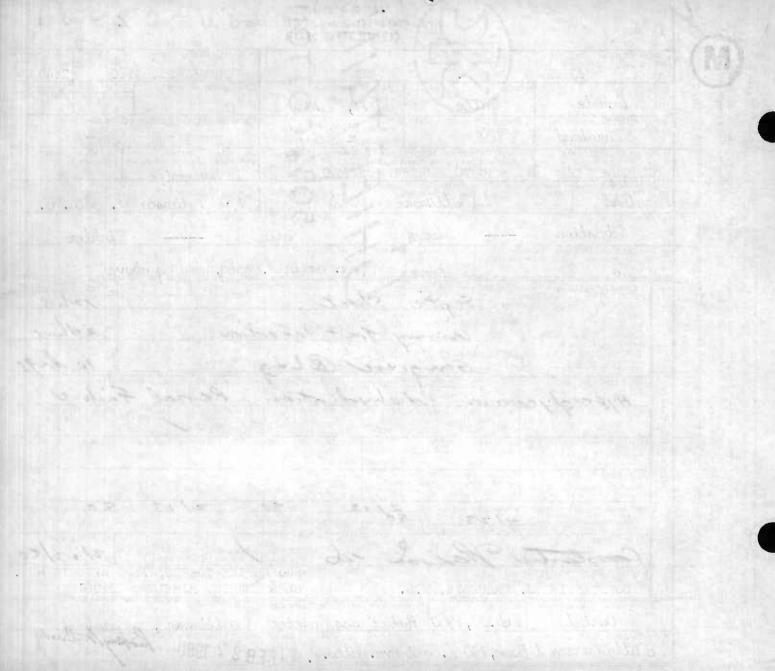
COUNTY GLEN BURNTE

STATE

STATE

UNERAL HOME, GLEN BURNIE

The state of the s The Control of the Co Mary and a Trade of The Contract of the Contra The state of the s



TILLIAM NERBERT BIOUS. THE FEBRUARY S. 1980. Z:13P	
British Live Control of the Livery of the Property of the Control	
NTMUOD LIED MORA BANK AND	
LEN BURNIE NORTH ARUNOEL HOSSITAL	2
SANG CHICL ON, M.D	

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH I. DECEASED NAME MONTH YEAR 26 HOUR (TYPE OR PRINT) LIAM 3. SEX IF UNDER 1 YEAR YEAR To BIRTHPLACE BALTIMORE CITY OR COUNTY OF DEATH STATE OR FOREIGN MARRIED NEVER MARRIED WIDOWED DIVORCED [(TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Sold Newspapers&other MARYLAND 2120 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e STREET ADDRESS Md. Glen Burnie 920 Nabbs Creek Rd. Co. 4. FATHER'S NAME IS MOTHER'S MAIDEN NAME E. Thomas Donnelly Katherine Lusby BALTIMORE, S. Bridge Rd. 60 WAS DECEASED EVER IN U.S. ARMED FORCES 16b SOCIAL SECURITY NO 17 INFORMANT Glen (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) Catherine Knell 206 Apt B APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., IMMEDIATE CAUSE (D. AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse tot, stating the DUE TO OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 90 DATE OF OPERATION 20b. IF YES, WERE FINDINGS USED 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES NO Нув 210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 80 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 10 21d. INJURY OCCURRED 21e PLACE OF INJURY 211. LOCATION CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE WHILE 22a. I certify that (I) (this haspital) attended the deceased from, sow the deceased alive as , and that in (my) (our) apinion death accurred on the date and hour and from the causes stated obove, (1) (we) (did) (aid not) view the body after death 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL DIRECTOR PHYSICIAN PHYSICIAN MPORTANT 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS 23b. DATE 231. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 230. BURIAL, CREMATION, REMOVAL STATE CITY OR TOWN (SPECIFY) 18/80 Burial Loudon Park Cem Baltimore. BP 24. FUNERAL DIRECTOR Balto 21225 DHMH - 16 50M 1/76 George J. Gonce 4001 Ritchie Hgwy (VR A 15 (4))

. Di deer bade 1920 xx 20 heber Creek 14. e . . . s s s s . Catherine Road Alband antraktel

- STATE

REGISTRAR

ANNE ARUNDEL COUNTY 12h. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) Koppers Co. 6433 Union Ct. (UNKNOWN) ADDRESS Same as 13 Mrs. Agnes M. Dorish (wife) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH by reardeal un a plu PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASPOR CONDITION GIVEN IN PART 110 20h. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) COUNTY STATE and that in (my) (our) opinion death occurred on the date and haur and fram the causes stated THE DATE SIGNED STATE MD 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGN ATLARE DHMH-16 25M Funeral Home, Glen Burnie, MMAR (VRA 15, 4) 1/79

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

1980

IF UNDER 24 HRS

HOURS MIN.

IF UNDER 1 YEAR

MONTHS DAYS

THOUGH THOUGHT TORY 28, 1080 S:15

GLEN PURNIE NORTH ARBYDEL HOSPITAL COLUMN COLORS

CONTRACTOR OF THE STATE OF THE

ANNE ARTENDER COUNTY

TORGE S. RAWIREZ, M.D. CERNICORITAL DENVELMENTING TOT

Same of Times of Lines of Lines of the Lines

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

and the second s ALL THE HELP HELL THE CONTRACT OF THE STATE Marie Marie Marie Commission of the Commission of the TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after

FOR STATE REGISTRAR		DEP	STATE OF MARYLANG ARTMENT OF HEALTH AND MEI CERTIFICATE OF DEA	NTAL HYGIENE	O REG.
DECEASED NAME	FIRST	MIDDLE	LAST	20 DATE C	F DEATH
TYPE OR PRINT)	SALLY	T	ספוערט		

3 SEX FE 7a. BIRTH COUN NOT	SALLY	T RACE	DRI Is pate o			REG. NO DATE OF DEATH Januar	MONTH DAY	YEAR 1980	26 HOUR
3 SEX Fe 7a. BIRTH COUN Nor	SALLY	RACE				Januai	21	1000	OOEE.
Fe 7a. BIRTH COUN Nor	male		S DATE C					19011	09558
7a. BIRTH		OALL				6. AGE (IN YEARS LAST BIRTH	IDAY) IF U	INDER I YEAR	IF UNDER 24 HE
Nor	PLACE STATE OF FOREIGN 7	CAU	Feb	6 6	1944	35	MON	THS DAYS	HOURS MIN
2 Nor		L CITIZEN OF WHAT COUNTRY?	0			9. BALTIMORE CITY OF	YRS.	DEATH	
	folk, Va.	USA		NEVER M					
		1. NAME OF HOSPITAL, NURSIN	WIDOWE		ORCED	Anne Arune			F BUSINESS C
11 5+		I IF NOT IN SUCH FACILITY, GIVE STREET	ADDRESS)			(TYPE OF WORK FOR MOST OF		INDUSTRY	003114233
	Meade, Md.	Kimbrough Ar	my Ho	spital		Housewife			
130. STA	TE 136 COUNT	Y 13c. CITY OR TOW		13d. INSIDE CI	TY LIMITS?	13e. STREET ADDRESS			
		rundel Ft. Mea	ide	YES 💢	NO 🗌	7511 Young	Stree	+	
-	ER'S NAME FIRST MI	IDDLE LAST			MAIDEN NAA	ME		LASI	
W	illiam	B. Taliafe	rro		lettv			Le	ewis
Ida. WAS	DECEASED EVER IN U.S. ARM	NED FORCES? 166 SOCIAL SECU		17 INFORMAL		ADDRE	S	10 V 3	
(165,	(IF YES, GIVE V	224-62-	1702	Hu	shand/f	Doyle Driver			
10	CALICE OF DEATH (Enter colu	ane cause per line far (a), (b), an				7.0 01 1101		APPROXIA	AATE INTERVAL
U PA	love rise to immediate ause IOI, stating the nderlying cause lost. ART 2 OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSEQUE		NOT RELATED	TO THE TERMI	INAL DISEASE OR COND	ITION GIVEN	IN PART 1(a	ì
CERTIFICATION 190	DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFOR	RMED	200 AUTOPSY?	20b. IF YES, W IN CERTIFYIN YES	IG CAUSES	
01	R. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH FEITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH D. P.M.	AY YEAR	21c HOW INJ	JURY OCCURR	ED (ENTER NATURE OF INJUR	IN ITEM 18, PART I	OR PART 2)	
₩	M. INJURY OCCURRED WHILE NOT WHILE WORK AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, I	FARM, ETC.)	211 LOCATIO STREET	N	CITY OR TOW	ű.	COUNTY	STATE
		ol) ottended the deceosed from_	N//		., 19	, to	, 19_	, t	hat (I) (we) I
	sow the deceased alive on above (I) (Ae) (did (did not)	View the hady after death	, on	d that in (my)	(our) opinion d	death occurred on the do	ie and hour on	d from the c	ouses stated
22	DISIGNATURE)	wiew the body offer deoffi.	- (EGREE	100			22c. DATE S	IGNED
100	Wall NO	who	0		TTENDING PHYSICIAN	MEDICAL STAF	AND THE REAL PROPERTY.	21 1	AN 80
	I. PHYSICIAN'S NAME (TYPE OR F	PRINT)		22e ADDRESS		DWEGLOK THUS	All Miles	, ,	
722									
220		CDT MC M C		1/2.1					
	Neil Jacobson	, CPT, MC, M.D.				my Hospital	Ft. N	Meade,	Md.
230. BUR (SPEC	Neil Jacobson			Kimbro Emetery or c Epis I	REMATORY	23d. LOCATION		Meade,	

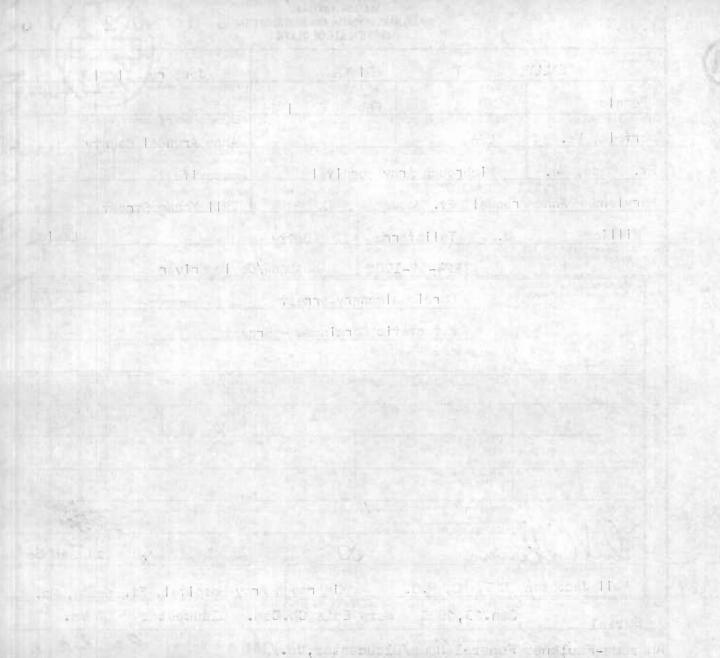
BP. DHMH - 16 50M 7/77 (VR A 15 (4))

retained by the hospital or attending physicion.

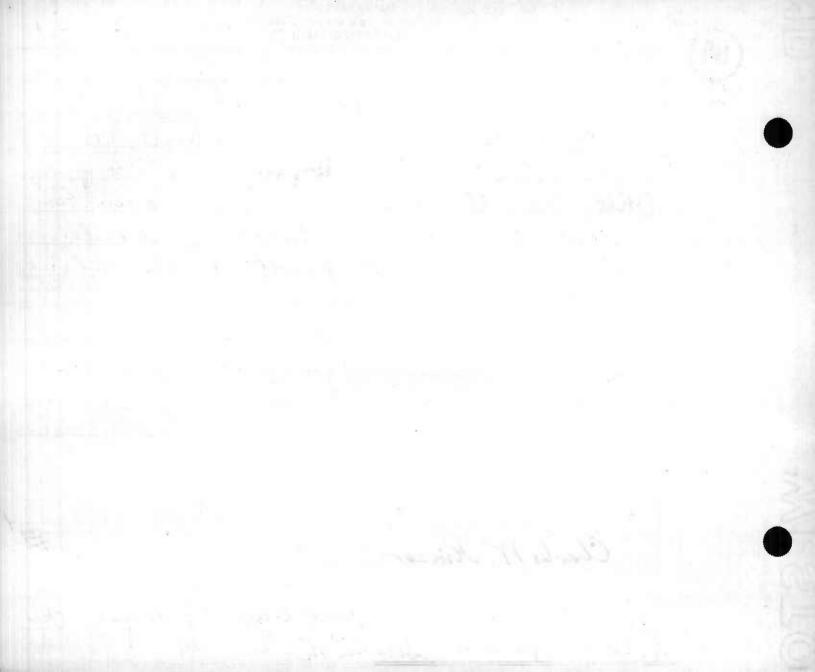
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages: I and 2 should be filed within 72 hours aftioned the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

Andrews-Faulkner Funeral Home/Gloucester, Va./JAN 2 0 1000

Fish . Bio Paraly



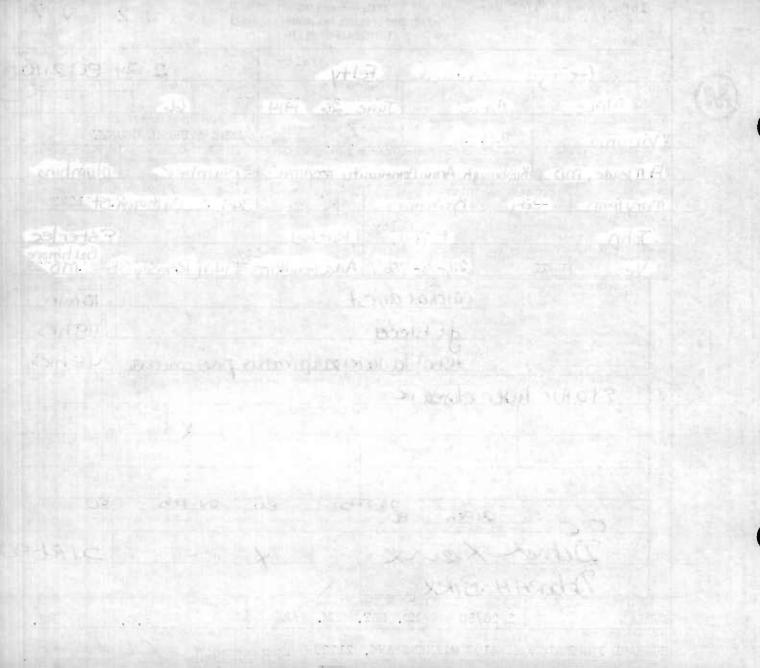
- STATE REGISTRAR	DEPA	STATE OF MA RTMENT OF HEALTH A		· Ω O	0	2 0	0 7
REGISTRAR	VE. 14.	CERTIFICATE		REG. NO	Q .	4 7	0 /
I. DECEASED NAME FIRST OLIVER	MIDDLE	DUCK	20	DATE OF DEATH	MONTH DAY		HOUR 33PM
	RACE	5 DATE OF BIRTH	6.7	GE (IN YEARS LAST BIRT			UNDER 24 HRS
MALE	WHITE	month - 18	YEAR O'G	73	YRS	ITHS DAYS H	OURS MIN
Je. BIRTHPLACE (STATE OF FOREIGN 76 COUNTRY)	CITIZEN OF WHAT COUNTE	MARRIED ME	VER MARRIED L	ALTIMORE CTTY O	R COUNTY OF	DEATH	
2 JENCITY OR TOWN OF DEATH	NAME OF HOSPITAL, NUR			USUAL OCCUPATI		128 KIND OF B	MD.
53 (Muapolis /) (IF NOT IN SUCH FACILITY, GIVE STI		toota "	PE OF WORK FOR BIOST O	WORKING LIFE)	MOUSTRY	edion
B USUAL RESIDENCE IN MURSING HOME OR ON 136, STATE	INSTITUTION, GIVE RESIDENCE BE	DWN 13d INSI		STREET ADDRESS	Vari	en (Rue
14 FATHER'S NAME	SEP DASE	al 15 MOT	HER'S MAIDEN NAME	WIDOLE	(1)	0, 200	mei
The WAS DECEASED EVER IN U.S. ARME	D FORCES? 166 SOCIAL SE AR OR DATES) 19403	111	RMANT	ADDRE	SS	PI	
E US CAUSE OF DEATH, Establish	V //	100011	Horous	y Du	en	APPROXIMA	
PART I. DEATH WAS CAUSED B	Y: AUSE (a) Pneum		ht middle 1	obe		l day	ET AND DEATH
The state of the s	DUE TO, OR AS A CONSEC						
Conditions, if ony, which	(b)_Obstr	ucting care	inomatous r	ode] mon	th
gave rise to immediate couse ia1, stating the underlying cause last	DUE TO, OR AS A CONSE			-			
PART 2 OTHER SIGNIFICANT CON		tatic squam					oths
Generalized a			TED TO THE TERMINA	E DISEASE OR CON		THE PART HO	
190 DATE OF OPERATION	196 CONDITION FOR WHI		RFORMED	00 AUTOPSY?		VERE FINDINGS	
~ =	Carcinoma	of tongue					
Feb 1979				YESXIX NO	YES [NO []
Feb 1979 21a ACCIDENT WAS UNDERLYING	216. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR 216 HO	W INJURY OCCURRED			exx	
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED	21b. TIME OF INJURY	DAY YEAR 19 211 LOC	W INJURY OCCURRED		Y IN ITEM 18, PART	exx	
OR CONTRIBUTING CAUSE OF GEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 24 WHILE AT WORK NOT WHILE AT WORK NOT WHILE AT WORK	216. TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF)	DAY YEAR 19 211 LOC S	W INJURY OCCURRED	(ENTER NATURE OF INJUI	Y IN ITEM 18, PART	1 OR PART 2)	NO []
OR CONTRIBUTING CAUSE OF GEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED WHILE NOT WHILE AT WORK 22a L certify that (I) (this haspital)	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF) attended the deceased from	DAY YEAR 19 211 LOC (S')	ATION REET , 1978	CITY OR TOV	Y IN ITEM 18, PART	COUNTY	STATE It (I) (we) lost
OR CONTRIBUTING CAUSE OF GEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED WHILE AT WORK AT WORK 22a L certify that (I) (this haspital) sow the deceased alive on obave, (I) (we) (did) (did notify)	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF) attended the deceased from	DAY YEAR 19 211 LOC S The Dec -26 28 20 and that in	W INJURY OCCURRED ATION REET	CITY OR TOV	Y IN ITEM 18, PART	COUNTY COUNTY COUNTY	STATE of (I) (we) lost uses stated
OR CONTRIBUTING CAUSE OF DEATH (# EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK 22a L certify that (h (this haspital) sow the deceased alive on pabaye. (l) (we) (did) (did notify 22b. SIGNATURE	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21c PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF) attended the deceased fro	DAY YEAR 19 211 LOC (S')	ATION REET , 1978	CITY OR TOV	Y IN ITEM 18, PART	COUNTY	STATE STATE STATE STATE STATE STATE STATE STATE STATE
OR CONTRIBUTING CAUSE OF DEATH (# EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK AT WORK 22a I certify that (h (this haspital) sow the deceased alive on pabaye. (l) (we) (did) (did notify 22b. SIGNATURE)	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF) attended the deceased from the body after death.	DAY YEAR 19 211 LOC S The Dec 26 2 and that in DEGREE 224 226 226 227 226 ADI	ATION (my) (aur) apinion deat ATTENDING PHYSICIAN ATTENDING CORESS	city or tov to Feb 7 h occurred on the do	YIN (TEM 18, PART //N	COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY	STATE STATE STATE STATE STATE STATE STATE STATE STATE
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOT IFTY MEDICAL EXAMINER) 21d INJURY OCCURRED WHILE AT WORK AT WORK 22e I certify that (I) (this haspital) sow the deceased alive on above, (I) (we) (did) (did not V) 22b. SIGNATURE 22d. PHYSICIAN'S NAME (TYPE OR PR Charles W. Kin	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF) ottended the deceased from EDithe body after death. INT) Zer, M. D.	DAY YEAR 19 211 LOC S The property of the prop	ATION ATTENDING PHYSICIAN DRESS nnapolis, M	city or tov to Feb 7 h occurred on the do RECTOR PHYSIC	YIN (TEM 18, PART //N	COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY	STATE STATE If (I) (we) lost uses stated GNED
OR CONTRIBUTING CAUSE OF GEATH (# EITHER NOTHY MEDICAL EXAMINER) 21d INJURY OCCURRED WHILE AT WORK AT WORK CONTRIBUTION 22a L certify that (I) (this haspital) sow the deceased alive on pobove, (I) (we) (did) (did nothy 27b. SIGNATURE 27d. PHYSICIAN'S NAME (TYPE OR PR Charles W. Kin	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF) ottended the deceased from EDithe body after death. INT) Zer, M. D.	DAY YEAR 19 211 LOC S The Dec 26 2 and that in DEGREE 224 226 226 227 226 ADI	ATION REET 1978 (my) (aur) apinion deat ATTENDING PHYSICIAN DIORESS nnapolis, M OR CREMATORY	city or tov to Feb 7 h occurred on the do	ISE and hour of AND	COUNTY COUNTY	state st (1) (we) lost uses stoted SNED] 980



1	FOR	DEPARTA		OF MARYLAND ALTH AND MENTAL HYG	IENE 8 ()	0.2	000
1	- STATE REGISTRAR			CATE OF DEATH	REG. NO	0 4	EST
1. DE	CEASED NAME FIRST	MIDDLE	LA	ST	20. DATE OF DEATH		YEAR 26 HOUR
(1176	ERNES	ST MATTHEW	EIC	CHHOF	FEBRUARY	21, 19	80 18:45Am
3. SE.	X	4 RACE	5 DATE OF	F BIRTH DAY YEAR	6. AGE (IN YEARS LAST BIRTH	MONTHS	ER I YEAR IF UNDER 24 HRS DAYS HOURS MIN.
1/2	Male	White	May	19, 1921	58	YRS.	
C	IRTHPLACE (STATE OR FOREIGN OUNTRY) Aryland	76 CITIZEN OF WHAT COUNTRY? USA	MARRIED WIDOWED	NEVER MARRIED DIVORCED	9 BALTIMORE CITY OF ANNE ARUI		
	LEN BURNIE	NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET / NORTH ARUNDE	ADDRESS)		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF POSTMAN)	WORKING LIFE) IN[KIND OF BUSINESS OR DUSTRY US
130 5	AL RESIDENCE (IF NURSING HOME OF STATE 135 COULD A PARTIE		N .	13d INSIDE CITY LIMITS? YES NO X	13e. STREET ADDRESS 100 Sur	set Dr	ive
14. FA	ATHER'S NAME FIRST FRANK	MIDDLE Eichhof		15. MOTHER'S MAIDEN NAME Elizabe			Unknown
	VAS DECEASED EVER IN U.S. AR	E WAR OR DATES)		Mrs. Anna I	ADDRES		Same as
Z	Canditians, if any, which gave rise ta immediate cause (a), stating the underlying cause last	DBY. TE CAUSE (a) DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO C	NCE OF	NOT RELATED TO THE TERM	INAL DISEASE OR COND	INON GIVEN IN	PART IVE
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION	WAS PERFORMED	200. AUTOPSY? YES NO	20b. IF YES, WERIN CERTIFYING O	E FINDINGS USED CAUSES OF DEATH? NO
MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	All I	Y YEAR	21c HOW INJURY OCCURR	RED (ENTER NATURE OF INJUR	FIN ITEM 18, PART 1 OR	PART 2)
MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F)		211 LOCATION STREET	CITY OR TOW	1 1 1	UNITY STATE
	saw the deceased alive an abave, (I) (we) (did) (did no	at) view the body after death.		d that in (my) (aur) apinian c	, ta		
	22h. SIGNATURE	Houses	, D	ATTENDING PHYSICIAN [] 27e. ADDRESS	MEDICAL STAF	F	2. DATE SIGNED 21061
	NICK MOUTS	OS, M.D.		95 AQUAHAR	T RD., GLE	N BURNI	E, MARYLAND
23a. E	BURIAL, CREMATION, REMOVAL SPECIFY) BURÎAL			METERY OR CREMATORY Park Cem.	23d LOCATION CITY OR TOWN Baltimo	count	
	uneral director	eral Home, Gler	_	al 250. DATE	B 2 5 1980	Sh. REO TRAR'S	SIGNATURE

(makey abusely, of most centrice.it.vis out not

MICK MOURSES, M.D. 95 ACCARANT NE., GLEN BURNIE, MARLIAND Tob. 25, 401 London D. a. C. Calettanore, Landon J. Co. 401



Singleton Funeral Home, Glen Burnie, Md.

FOR

REGISTRAR

24 FUNERAL DIRECTOR

DHMH-16 25M

(VRA 15, 4) 1/79

- STATE

STATE OF MARYLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG. NO.

250. DATE REC'D, BY REGISTRAR 250. REGISTRAR'S SIGNATUR

Emp.

NO T

STATE

11209

before a speciment of the D 2 will be 130000 - 24113 24113 3 HUNDSVILLE FORTING KIEW (ENTRY STEEDING Will low dated the box for mylect mail atom (Bar) 1-2 mar marab to attract. de l'appendit l'append

(VRA 15, 4) 1/79

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

AND A CART SAV 7, 1941 AND A CART SAV 7, 1941 AND A CART SAV 8 AND A CART SAV 1, 1941 AND A CART SA	1 1 2 0 0 0 0			
And Andread of the Angle of the				
The state of the s	The second and a second second			
The state of the s		22.7, 22.		CLASS .
The state of the s			7 . 0.0	
ATT. 12 at a total and a second at a secon		The owner or	efanon IAC	
on the state of th	(es to) .evaluation (in	X -	R.A.	. 86
on the state of th	Market Street, and	, t/a;		entital .
The state of the s	161) see al. or. 1808 .v.f.	45 -7 PM DIV		
Signal Andrews of the Company of the		TELEVISION STATE		
Signal Andrews of the Company of the				
See the up vermitten, over not remark of the control of the contro				
See the up vermitten, over not remark of the control of the contro				
Electric Clares Committee				
Electric Clares Committee				
Electric Clares Committee				
Electric Clares Committee		N S S		
Elekard				
Laborated All Colors Construct III Color Olif Color Entrol - 1				
	ę , o , , , , , , , , , , , , , , , , ,	Code Lil Sales	2/20/1/30	

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME CORLYS 20. DATE KNOWN 2b. HOUF LITYPE OR PRINT OF ESTI-KXX FILES. HOURS STREET, DEATH MATED XXXXXX 1980 4. RACE 3. SEX 5. DATE OF BIRTH AGE (IN YEARS | IF UNDER 1 YR IF UNDER 24 HRS 2d HOUR DATE LAST BIRTHDAY) PRONOUNCED U. 12 3/ 48 DEAD YRS TO CITIZEN OF WHAT COUNTRY? 7a. BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED MARYLAND U.S.A WIDOWED DIVORCED FILED CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OCCUPATION (TYPE OF WORK 126. KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRY ELECTRICAL ENGINEER 3. RETAIN B SUAL RESIDENCE HER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION NURSING HOME OF Nab. COUNTY 13c. CITY OR TOWN 34. INSIDE CITY CHAITS? 13e. STREET ADDRESS BALTIMORE, MD. 2120 MARYLAND MONTGOMERY SILVER SPRING 9414 COLUMBIA BOULEVARD VITAL 14. FATHER'S NAME 5. MOTHER'S MAIDEN NAME PROC AND DUE LANT MODELLE OE VIT AGNES VIRGINIA JONE FORM IN WAS DECEASED EVER IN U.S. ARMED FORCESS ISN SOCIAL SECURITY NO I INFORMANT DIVISION WITH FO ITES, NO. DE UNENDWHI OF TES, ONE WAS DEDATED -8012 HELEN F. GILLIS SAME AS 18. CAUSE OF DEATH (Enter only one couse per) BURIAL-TRANSIT PERMIT. NECONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAU DUETO OR AS A CONSEQUENCE O OR REMOVAL Conditions, if any, which gave rise to immediate cause (a) stating the under DUE TO, OR AS A CONSEQUENCE OF lying couse last. CREMATION, PART Z OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) USED AS A I CERTIFICATION 190. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? OF E DEPARTMENT OF PRIOR TO BURIAL YES . NO 21e EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2) HOUR A.M. MONTH DAY YEAR OR UNDERLYING MEDICAL 0 CONTRIBUTING CAUSE OF DEATH P.M 21d. INJURY OCCURRED 2 le. PLACE OF INJURY (AT HOME. 211 LOCATION WARDED AT WORK NOT WHILE STREET, FACTORY, FARM, ETC. STREET CITY OR TOWN COUNTY STATE STATE D GE 4 SHOULD BE FOR FUNERAL DIRECTOR: TER DEATH, WITH THE S LTIMORE, MARYLAND, 2 22a. I certify that I the remains Autopsy Inspection and in my opinian deoth resulted Accident Homicide Undetermined manner ACTUAL SIGNATU SIGNED. EXECUTE
PAGE 4 STER DE
AFTER DE
BALTIMOR EXAMINER'S NAME (TYPE OR PRINT 230 BURIAL, CREMATION REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATOR COUNTY STATE 2/21/80 PARKLAWN CEMETERY MONT MD 24. FUNERAL DIRECTOR FRANCIS J. COLLINS 25a, DATE REC'D, BY REGISTRAR **DHMH - 17** (VR A15 ME (5)) UNIVERSITY BOULEVARD WEST. SILVER SPRING 15M 7/77

the state of the s THE PART OF STREET STREET, STR COLUMN ASSESSED A TAX THIRT THIRT ACTUE MED COLT OF BANKS STREET FOR STREET STREET STREET STREET STREET STREET STREET Property Company House King In TENTO TO THE TOTAL STATE OF THE STATE OF THE

- STATE

REGISTRAR

BALTIMORE CITY OR COUNTY OF DEATH ANNE ARUNDEL COUNTY 17e USUAL OCCUPATION 13% KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFES INDUSTRY Retired 114 Stevens Road Tucker ADDRESS Shirley Furlong, same as TONDITIONS CONTRIBUTING TO BEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF CONDITION GIVEN IN PART TO 201-IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH? VES [NO [THE HOW INJURY OCCURRED. JENTER NATURE OF INJURY IN JEW 18, PART 1 OR PART 21. CITY OF TOWN COUNTY STATE and that in (my) (our) opinion death occurred on the date and hour and from the causes stated THE DATE SIGNED. PHYSICIAN T DIRECTOR T PHYSICIAN 325 Hospital Drive, #207 Glen Burnie, Maryland 2106 Cem, Doncaster, Charles. D BY REGISTRAR 13% RESISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR DHMH-16 25M James S. Kirkley, Glen Burnie, Md. (VRA 15, 4) 1/79

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

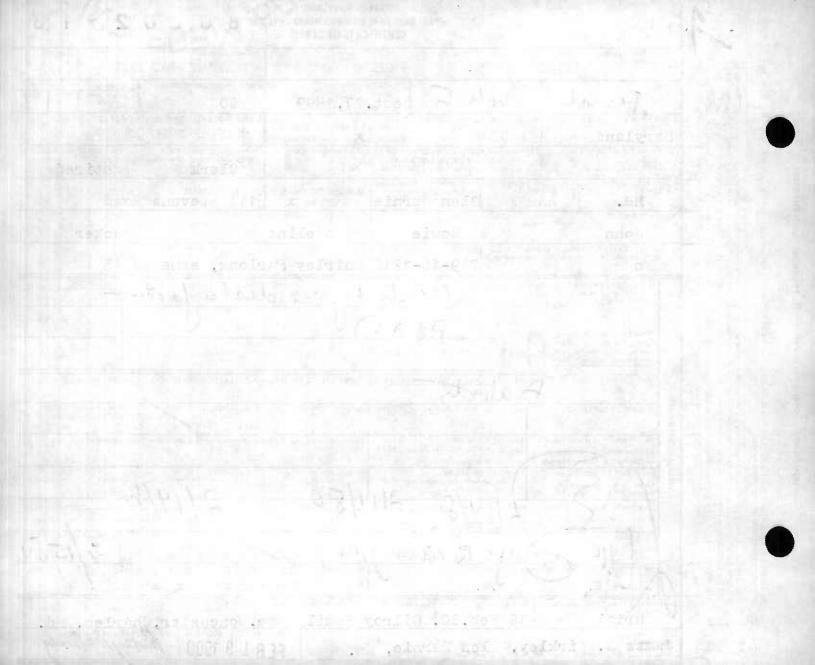
REG. NO

Zb. HOUR

5:55

UNDER I YEAR

UNDER TARRY



FOR

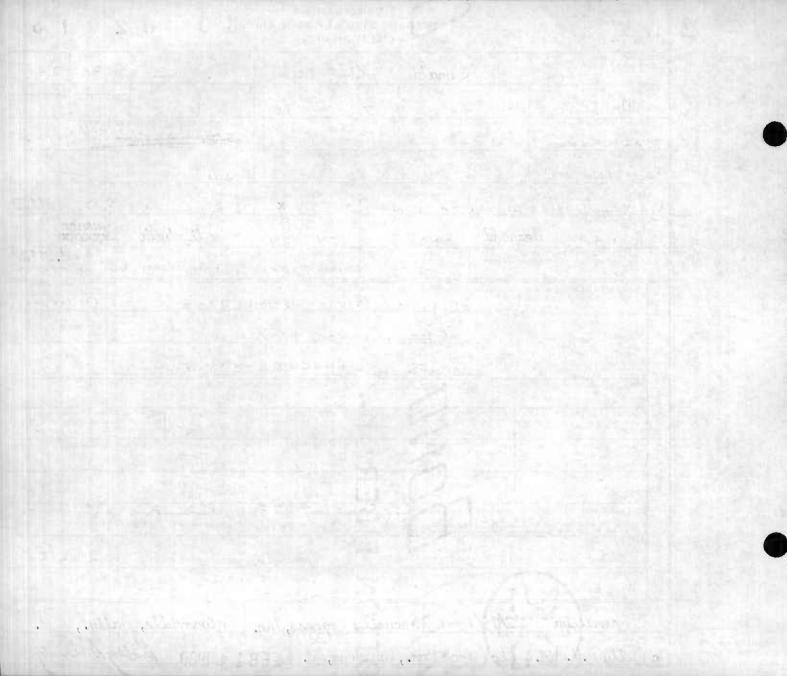
	Landarda	Jest.		وازد	nov
					e marke
, love la	unuz som	×	A -	,	nint 60
	î.	25.130			nes mail
BELLIN S	Residents Alexander			of mark of button	Completions.
		acumul R	Bust		
	MUSEUM MARKET	Mary L. Tax	27-11-175	different detailed griphing	

DEPARTMENT OF HEALTH AND MENTAL HYGIENES

FOR

	15000	2.1	
o	28 192B	1	
CESTO DELL'ANTE		1.11	CONTENALS
MATRICAL		ounv, Ilbre	A WATER IN
ed. " Box 127		etal aceta	 derri a
TO PERILLE	HTTTAK-	Per mer	JUHNU,
Antique of the second section of the section of t	ASSESS THESE	4DD _ VC_9.00	

3	1	FOR STATE REGISTRAR	DEPAI		IEALTH AND MENTAL HYG	REG. NO.	2 9 1	6
-		CEASED NAME FIRST	MIDDLE		AST	20. DATE OF DEATH MONTH	DAY YEAR 2	h HOUR
8326	{TYP.	Steven	Ronald	G	2 A F	2	12 80	7:40 A.M
AE/	3 SE		4 RACE	5. DATE		6 AGE (IN YEARS LAST BIRTHOAY)		IF UNDER 24 HRS
5		MALE	WHITE	MONT 5	3 70	9 YRS		HOURS MIN.
9		IRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTR	Y? 8	D NEVER MARRIED	9 BALTIMORE CITY OR COUN		
5	1	1ARYLAND	USA	WIDOW			A	NOUNE
ed	10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR		OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	126 KIND OF I	BUSINESS OR
\$00	P	ASADENA, M.D.	1587 COLONY			N.A	TIPE) TINDOSTKI	
st be	USU 13a.	AL RESIDENCE (IF NURSING HOME OF STATE 13b COUN	ROTHER INSTITUTION, GIVE RESIDENCE BEI	FORE ADMISSION)	13d INSIDE CITY LIMITS?	13e STREET ADDRESS		
3	M	ANY LAND ANNE	ARUNDEN PASAD	ENA	YES NO	1587 COLON	YRD.	21122
E une	14 F.	ATHER S NAME FIRST	MIDDLE LAST		15 MOTHER S MAIDEN NA		Gurne	2
821		KONNO	ernard GNAI		EVELYN	Elizabeth	CXXXXXX	DC
dica)		WAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIVE	RMED FORCES? 166 SOCIAL SE E WAR OR DATES)	CURITY NO.	17 INFORMANT	ADDRESS	no Me	1.21122
E E		No			RONACO GRAF	1587 COCOWY		AVENA
ot, th		DARTI DEATH WAS CALISE	nly ane cause per line far (a), (b),				1	ATE INTERVAL
ever		IMMEDIA"	TE CAUSE 10 GASTRO	INTES	TINAL HEMO	NU HAGE	104	10005
, or natic		2046	DUE TO, OR AS A CONSEC				- mi	05.
roun		Canditians, if any, which gave rise to immediate	(b) ACUTS	THR	OMBOCYTOP.	ENIA	7	
ther t		cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEC	DUENCE OF	011001		5 YE	eaus
or of	1		(ACUTE			LEUKEMIA		
lury,	Z	PART 2. OTHER SIGNIFICANT (conditions <u>contributing t</u>	O DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION G	EIVEN IN PART 1(a)	
ny ir	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATIO	N WAS PERFORMED		ES, WERE FINDING	
ber	E			_	_	and and	TIFYING CAUSES O	F DEATH?
Hygin 8 sho	E. E.	210. ACCIDENT WAS UNDERLYING			21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 1	B, PART 1 OR PART 2)	- 2
em]	CAL	OR CONTRIBUTING CAUSE OF DEA	A)//	DAY YEAR				
or if	MEDIC	21d INJURY OCCURRED	21e PLACE OF INJURY		211 LOCATION	CITY OR TOWN	COUNTY	67176
rked	Z	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFIC	CE, FARM, ETC.)	SIREEI	CITY OR TOWN	COUNTY	STATE
mp.		22a. L certify that (1) (this haspi	ital) attended the deceased fran	n BEC	EMBEL 7. 19. 7.8	_, to_ FEB. 12	, 19 <u>80</u> , the	at (I) (we) last
21 is		saw the deceased alive an	FEB. 6, 19	80,0	nd that in (my) (aur) apinian	death accurred an the date and h	our and fram the ca	uses stated
epr.		22b. SIGNATURE			DEGREE		22c. DATE SI	GNED
T. If		allen P. S	schout, M. X	,	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	2/12	2/80
TAN		22d. PHYSICIAN'S NAME (TYPE O			100- ADDDESS	MARYLAND 1-	PATIVER	1
MPORTAN		ALLEN D. S.	CHWANTZ, M	.D.		LEENE ST	, , , , , , ,	
3 3		BURIAL, CREMATION, REMOVAL		c. NAME OF C	EMETERY OR CREMATORY	23d. LOCATION	COUNTY	STATE
		(remation	2/15/1980 5	ecurit	y Process. Inc	(atonsville,	Balto.	Md.
1/75	24 F	UNERAL DIRECTOR			27122 25a DAT	E REC'D. BY REGISTRAR 25b. REG		₹E
	Mc	Cully F. H. Mtn.	& Tick Neck Rds	. Pasa	dena, Md. FF	B 1 2 1980	igating /KEEN	sooly



			Bin	RAL
	126/69			
				. 67
Bliff of on				
3127 cor neek kt.		amean HE		s 5
	LiedasI		- 9	
on billy on neck lid.	isaac re	113-12-010		

the state of the property of the party of th -Co of Clarks and the case as 13s Tall in the visit of the continues

George J. Gonce 4001 Ritchie Hgwy

- STATE

(VR A 15 (4))

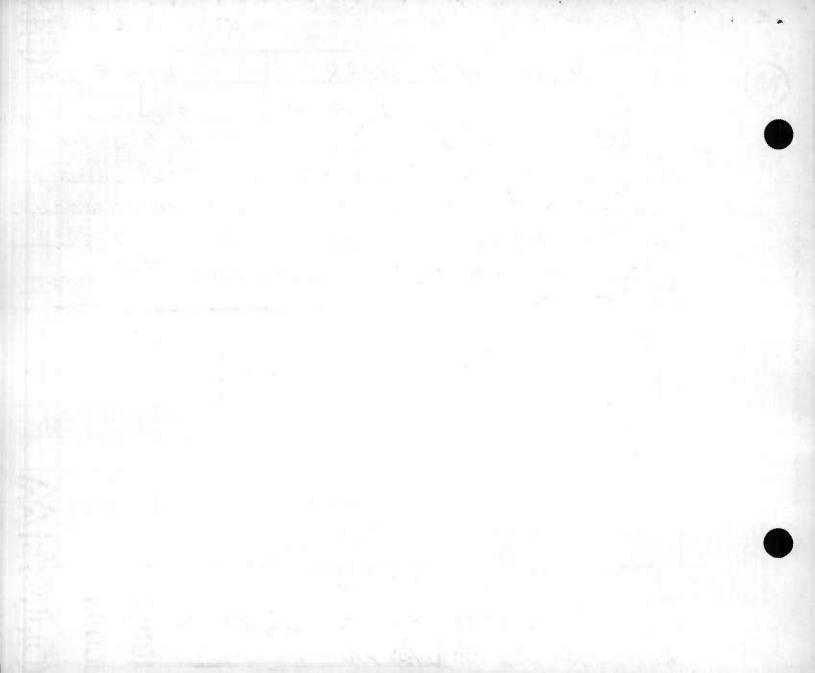
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

CERTIFICATE OF DEATH

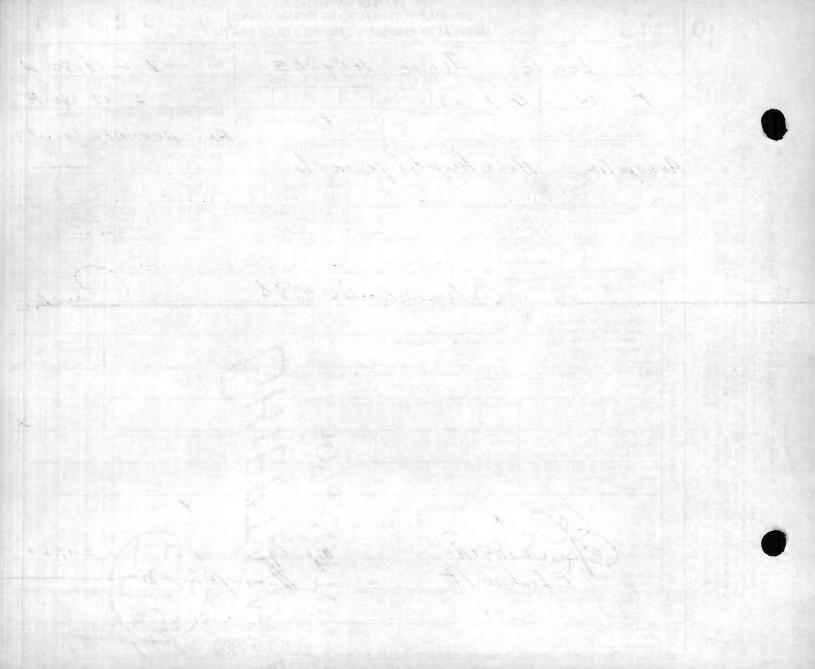
FEB

	ybrie	A CARL THE A	1543 42
			age Lysel
acamatem Cloud no	esself antar	on forest unalivaria	e Inquit no L
75. 3 30x 490 F		chapses .oa.	Trace and
davida[Plai]			Voice
tore, irros care.	.l yarozel		
4.6		Mary S.A. 1111	
		A STATE OF THE STA	

FOR



.01	1 - 5	TATE				EPARTMENT C								1	1 /	
10	F	REGISTRAR				ICAL EXAM	INER'S		TE OF	DEA	TH	REG. N	10.		-	i
0.1		CR PRINT)	FIRST		A	WIDDLE		LAST		2	DATE N	KNOWN	MON	TH DA	Y YEAR	2b
Ļ			LOU1.		_	Junine		RYNE	5		DEATH	ESTI- MATED	2	- 1-	7 1950	
	SEX	1	RACE	5. DATE OF	DAY	YEAR 6. AGE (III	HDAY) MONT		JNDER 24		C DATE	CED	MON	TH DA	Y YEAR	2d.
7.	DIF	THPLACE (STATE	cv	6		13 66 T COUNTRY?	YRS.				DEAD		2	17	1950	1
	FOR	EIGN COUNTRY)				I COUNTRY?		IED NEVER			BALTIMO	ORE CITY	OR COL	UNTY O	FDEATH	
n		Salisbu		_	JSA OF HOSPI	TAL, NURSING HO			NORCED		AL OCCUP		UN.		KIND OF BI	
1			-	(IF NOT II	N SUCH FACIL	GIVE STREET ADDRES	AL, OR OH	- 3		FOR MC	OST OF WORK	(ING LIFE)	TPE OF WO	RK 112U.	OR INDUST	RY
2	JŠUA	RESPOÈNCE (IF I	N NURSING HOME (OR OTHER INSTIT	TUTION, GIVE F	RESIDENCE BEFORE ADM	SION)	erd W	•	Hous	sewife	e				
3	i st Md	ATE	13b. COUN	A.Co.		13c city or towi Edgewater	1	134 INSIDE CITY LI		3e. STREE	TADDRES	SS Diaha	n Da	3	1	
		THER'S NAME	n.	H.CO.	F	Sugewater		15. MOTHER'S	MAIDEN		511	DISHO	p no	1.		
		aniel	F	rankli	n	Pennin	eton	Effi		/////	MIC	DDLE		More	LAST	
1	6a. W	AS DECEASED E	VER IN U.S. AR	MED FORCE	5?	16b. SOCIAL SECU		17. INFORMAN				ADDRES		1,101.	3011	
	(YE	no, or unknown	(IF YES, GIVE	WAR OR DATES)		217-84-66	50	Carl H.	Havn	es s	ame a	as 13	a			
		429	12	TE CAUSE (A CONSEQUENCE	LE OF	ie C	11			9/2	_(TWINONSE	TAN
		Canditions, gave rise cause (a) std lying cause	if Dny, which to immediate ating the under- last.	TE CAUSE (d OUE (b) DUE (c) CONTRIBUTING	TO, OR AS TO, OR AS TO DEATH BUT	S A CONSEQUENC	CE OF Erminal diseas			1 (a).			(he	E INTE
		Canditians, gave rise cause (a) sta lying cause	if Dny, which to immediate ating the under- last.	TE CAUSE (d OUE (b) DUE (c) CONTRIBUTING	TO, OR AS TO, OR AS TO DEATH BUT	S A CONSEQUENC	CE OF Erminal diseas			1 (a).			(AUTOPSY	T AND
	CERTIFICATION	Canditions, gave rise cause (a) std lying cause	IMMEDIA if Dny, which to immediate thing the under- last. FICANT CONDITIONS PERATION AUSE WAS OR	TE CAUSE (DUE (b) DUE (c) CONTRIBUTING 1 19b	TO, OR AS TO, OR AS TO DEATH BUT CONDITIO	S A CONSEQUENCE OF THE TOTAL FOR WHICH OF	ERMINAL DISEAS PERATION W)?		TURE OF INJU	JRY IN TIEM IL	8 PART I OF	20.	he	T ANI
	EDICAL CERTIFICATION	Conditions, gave rise cause (a) stc lying cause PART 2 OTHER SIGNIF	if Dny, which to immediate thing the under-last: FIGANT CONDITIONS PERATION CAUSE WAS OR CAUSE OF ECURRED	TE CAUSE (DUE (b) DUE (c) CONTRIBUTING 1 19b. 21b. HO DEATH	TO, OR AS TO, OR AS TO, OR AS TO DEATH BUT CONDITIO TIME OF IN P.M. P.M.	NOT RELATED TO THE TON FOR WHICH OF	ERMINAL DISEAS PERATION W 21c. He 21f. LO	AS PERFORMED)?	JENTER NA	TURE OF INJU		8 PART I O	20.	AUTOPSY	T AN
	MEDICAL CERTIFICATION	Conditions, gave rise cause (a) sto lying cause (b) sto lying cause (c) sto lying caus	IMMEDIA if ony, which to immediate thing the under- last. FICANT CONDITIONS PERATION CAUSE WAS OR CAUSE OF I CURRED NOT WHILE TIT WORK TO WHILE TIT WORK	TE CAUSE (DUE (b) DUE (c) CONTRIBUTING 1 19b 21b. HO DEATH 21e. STI	TO, OR AS TO, OR AS TO, OR AS TO DEATH BUT TO DEATH BUT TIME OF IN PLACE OF REET, FACTOR TIME OF IN PLACE OF TO DEATH BUT TO DEATH	NOT RELATED TO THE TO T	ERMINAL DISEAS PERATION W 21c. Ho 21f. LO Autop Suicide	OW INJURY OCI	CURRED	IENTER NA		nner	and in my	20. COUNTY apinian	AUTOPSY YES	?
	MEDICAL CERTIFICATION	Conditions, gave rise cause (a) sto lying cause PART 2 OTHER SIGNIF 19a DATE OF OF 21a EXTERNAL C UNDERLYING CONTRIBUTING 21d INJURY OCC WHILE AT WORK 22a I certify the	IMMEDIA if ony, which to immediate thing the under- last. FICANT CONDITIONS PERATION CAUSE WAS OR CAUSE OF I CURRED NOT WHILE TIT WORK TO WHILE TIT WORK	TE CAUSE (DUE (b) DUE (c) CONTRIBUTING 1 19b. 4 21b. HO DEATH 21e. STI	TO, OR AS TO, OR AS TO, OR AS TO DEATH BUT TO DEATH BUT TIME OF IN PLACE OF REET, FACTOR TIME OF IN PLACE OF TO DEATH BUT TO DEATH	NOT RELATED TO THE TO T	ERMINAL DISEAS PERATION W 21c. Ho 21f. LO Autop Suicide	CATION STREET Hamicide TITLE (SPEC	CURRED	IENTER NA	Inquiry mined mass	nner	and in my	20. R PART 2) COUNTY y apinian	AUTOPSY YES	?
2	MEDICAL CERTIFICATION	Conditions, gave rise cause (a) sto lying cause PART 2 OTHER SIGNIF 19a. DATE OF OF 21a. EXTERNAL CONTRIBUTING CONTRIBUTING TOWNILE AT WORK 22a. I certify the death resulted for the contribution of the	IMMEDIA: if ony, which if ony,	CONTRIBUTING CONTRIBUTING 19b. 21b. HO DEATH 21e. STI	TO, OR AS TO, OR AS TO, OR AS TO DEATH BUT TO DEATH BUT TIME OF IN PLACE OF REET, FACTOR TIME OF IN PLACE OF TO DEATH BUT TO DEATH	NOT RELATED TO THE TO T	ERMINAL DISEAS PERATION W 21c. Hi 21f. LO Autop Suicide	CATION STREET Hamicide TITLE (SPEC	CURRED pection [Undeter	Inquiry Imined man	nner	DA'	20. R PART 2) COUNTY y apinian	AUTOPSY YES Z.17.	?



any injury, or other traumatic event.

should be detached for use as the burial-transit permit. Then please remove carbon papers with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal

IMPORTANT: If Item 21 is marked or Item 18 shows



FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REGISTRAR		CHAINTEATE OF DEATH	REG. NO.	
I DECEASED NAME FIRST (TYPE OR PRINT)	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR EST
JOSEI	д не	HEMMINGER Jr	• FEBRUARY 24. 1	980 7:48 AM
3. SEX	4 RACE	S. DATE OF BIRTH	& AGE LIN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
male	white	Jan. 13. 1934	46	MONTHS DAYS HOURS MIN
Te. BIRTHPLACE ISTATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTR	Y? 8 MARRIED NEVER MARRIED	BALTIMORE CITY OR COUN	TY OF DEATH
Penn.	USA	WIDOWED DIVORCED	ANNE ARUNDI	
10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR.	SING HOME OR OTHER INSTITUTION EET ADDRESS)	12e USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING	126. KIND OF BUSINESS OR INDUSTRY
GLEN BURNIE		IDEL HOSPITAL	electricia	n ????
USUAL RESIDENCE IF NURSING HOME OF 130 STATE 136 COL	INTY 13c CITY OR TO		13. STREET ADDRESS 221 Carroll	т <i>а</i>
14 FATHER'S NAME	TITTELE	15 MOTHER'S MAIDEN N		Ru.
FIRST	MIDDLE LAST	FIRST	WIDDLE	ŁAST
Joseph D.	Hemminger Sr	Florence	A. Ster	n
160 WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SE	CURITY NO 17 INFORMANT	ADDRESS	
no		26 3853 Ida Der	es Hooversvill	a Dann
	only one cause per line for (a), (b),	and services		APPROXIMATE INTERVAL
PART I. DEATH WAS CAUS	ED BY BLOOM h	and a day a same		MA A A B
IMMEDIA	ATE CAUSE (a)	ogenie caranoma		MONTRO
1629	DUE TO, OR AS A CONSEC	DUENCE OF		
Canditions, if any, which	(b)			
gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEC	NIENCE OF		
underlying cause last		DOENCE OF		
PART O CYLER SICANES AND	(c)			
	CONDITIONS CONTRIBUTING I	O DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION G	IVEN IN PART 1(a)
190 DATE OF OPERATION 2-16-80 210. ACCIDENT WAS UNDERLYING				
MIND DATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATION WAS PERFORMED		ES, WERE FINDINGS USED TIFYING CAUSES OF DEATH?
₹ 2-16-80	Deural -	Harrion & Dreumotho		YES NO
210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN ITEM 1	, PART I OR PART 2)
On COLUMNIA COLUMN OF OR		DAY YEAR		
UK EITHER, NOTHY MEDICAL EXAMINE 214. INJURY OCCURRED	P.M. 21e PLACE OF INJURY	19 211 LOCATION		
WHILE NOT WHILE	(AT HOME, STREET, FACTORY, OFFIC		CITY OR TOWN	COUNTY STATE
AT WORK AT WORK		A		
220.1 certify that () (this hasp	oital) attended the deceased from		10 24 360	. 19
saw the deceased alive a		ond that in (aur) apinion	n death accurred on the date and h	our and from the causes stated
22b. SIGN ATURE	at) view the bady after death.	DEGREE		22c. DATE SIGNED
Varain ha	100.0	110 ATTENDING	MEDICAL STAFF	2 21 90
Torune In	Mully		DIRECTOR PHYSICIAN	12-24-00
22d PHYSICIAN'S NAME ITYPE		22e ADDRESS 72	445-A FURNACE BRA	
LORRAINE M.	DAILEY, M.D.	GI	LEN BURNIE, MARYI	AND 21061

DHMH-16 25M (VRA 15, 4) 1/79

BP.

24 FUNERAL DIRECTOR Raymond C. Fink 426 Crain Highway G.B.

230 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

23b. DATE 2/27/80

23c NAME OF CEMETERY OR CREMATORY

Horner Cem.

Summerset, Co, Penn. 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

vēn. 13,1000 WESSELL D. Heldingersen and all creare at 27. Ebermungen lu 2 and de la lace de la court d britishing an identified 2 - 2-16 to Dienal House Personathers x the state of granted and the co 2 -42-7 × ato sentol out it a sentol PENNING C. CLECK SECTION BUILT OF STREET ASSESSMENT OF STREET FOR

STATE OF MARYLAND

the state of the s

	1.	FOR STATE REGISTRAR		MENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO		2 9	2 4 EST
		CEASED NAME FIRST	MIDDLE		AST	20. DATE OF DEATH			26 HOUR
•		CATHERI			HESS			980	5:00A w
	3 SE		4 RACE	5. DATE C		6 AGE (IN YEARS LAST BIRTS		UNDER I YEAR	IF UNDER 24 HRS
,		Female	Caucasian	Oct.	24,1911 YEAR	68	YRS.		
36	I S	RTHPLACE ISTATE OR FOREIGN OUNTRY) Iaryland	USA	MARRIE		ANNE ARU			Y MD
54		LEN BURNIE	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET NORTH ARUNDEI	ADDRESS)		(TYPE OF WORK FOR MOST OF HOMEMAK	WORKING LIFET	INDUSTRY	Home
35	USU 13a	STATE 136 COU	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE NTY ISC CITY OR TOW GLEN BU	/N	13d. INSIDE CITY LIMITS? YES NO K	13. STREET ADDRESS 104 Warwi	ckshi	re La	ine
02	14 F/	William	MDDLE Kraus		Catherin	MIDDLE		Wint	ers
The med	160 V	VAS DECEASED EVER IN U.S. AF YES, NO OR UNKNOWN) (IF YES, GN	e war or dates) 215-40-	4089	Mrs. Cathe:	7503 C, Fui	rnace , daug	Branchter,	ch Rd. 2106]
	CERTIFICATION	Canditions, if any, which gave rise to immediate cause iol, stating the underlying cause last. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION	DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO I	MEATH BUT	in aupiet	NINAL DISEASE OR CONF	20b. IF YES,	WERE FINDING CAUSES	GS USED
1	HE					YES NO	YES		NO [
9		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH D	AY YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18, PAR	I 1 OR PART 2)	
	MEDICAL	214 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, I	FARM, ETC.)	211 LOCATION STREET	CITY OR TOW	'N	COUNTY	STATE
TANT: IT ITEM 21:15		sow the decreased alive or obove (II) (we) (did) (did no 22b. SIGNATURE) 22d PHYSICIAN'S NAME (TYPE	of print)		DEGREE ATTENDING PHYSICIAN 220 ADDRESS 517	death occurred on the do	F IAN []	22t. DATE	
IMPORT	770	JAMES J. B	ENJAMIN, M.B.	NAME OF C	7300RITCH			RNIE,	
-		Burial	The state of the s		vridge Mem. H	city or rown Pk. Elkrid	ge. H	ounty OWard	
5M 1/79	1	UNERAL DIRECTOR NAME Mes S. Kirki	ADDRESS Glen D			B 2 6 1980		y /KO	



CATHERINE N. HESS THRESTON TO THE TOTAL CATHERING

to star lead of the party land

GLEN BURNIE MORTH ANDREL HOSPITAL LONGINGER OF

and originalized by a constant with the

man in the second of the secon

JAMES J. BENJAMIN, M.D. 7500RITCHIE TWY, GLEN BURNIE, NO.

id a son avoir est freit Marin on bittolette 18. 42

World Treat the Division of At 6 at 2 to

DHMH - 16 50M 7/77

(VRA 15(4))

FOR

REGISTRAR

- STATE

Roy E. Hill. Son 119 Wilson Blvd. Md. 21061 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 116 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES T NO [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) COUNTY and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c DATE SIGNED (SRECIFY) Ch. Cemetery Baltimore Co. Md. Ebenezer Meth. Old Eastern Ave. FF Home 1407 Funeral

STATE OF MARYLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

26 HOUR

9:00

126. KIND OF BUSINESS OR

LAST

21220

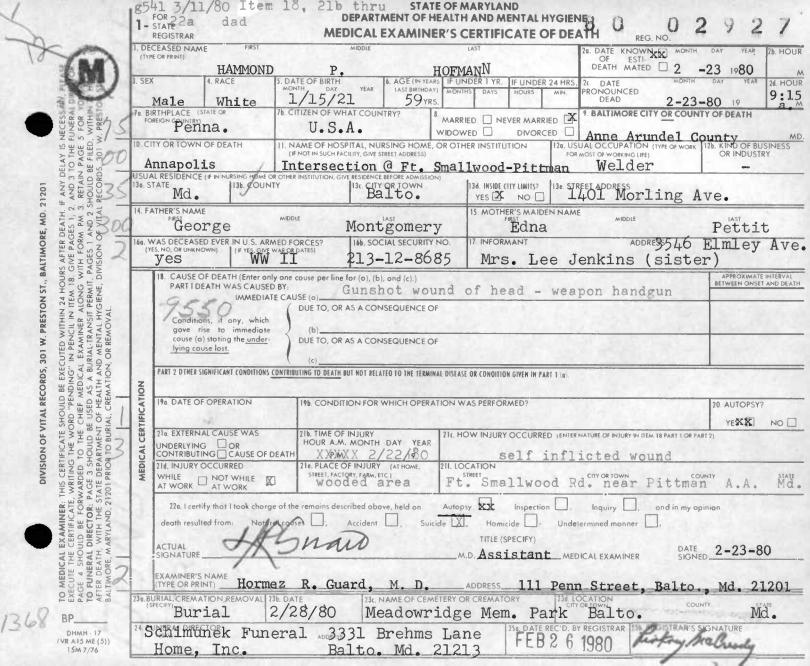
IF UNDER I YEAR

IF UNDER 24 HRS

	. 740 med tie VII in die tierun met
SERVICE CONTRACTOR	
	nd tax is a first of the state
and the second section of	Till I ve ser se se se la
are the same of	
· Tally # 45th daylors	. Iday Taraway
THE A THE PARTY AND A B	will have to send the course of the office

	1. DE	REGISTRAR CEASED NAME	FIRST		MIDDLE		CERTIFICATE (20. DATE KNOWN	MONTH DAY YEAR 26. HOU
	(TYP	OR PRINT)	GTT	BERT	ANDREW	HT	RSHAUER	OF ESTI-	2 9 19 80
	3. SE)		4 RACE	5. DATE OF BIRTH	6. AGE (IN YE YEAR LAST BIRTHD	ARS IF UN	DER 1 YR. IF UNDE	R 24 HRS. 2c. DATE	MONTH DAY YEAR 24 HOUF
	m	ale	white	11-19-1	7 62 Y	RS. MONT	HS DAYS HOURS	PRONOUNCED DEAD	2 9 19 80 pM
-	FO	RTHPLACE (ST.		76. CITIZEN OF WH	AT COUNTRY?	8. MARR	ED NEVER MARI		
2		ryland		U.S.A.		WIDOW			lel County MC
1		Y OR TOWN		LIF NOT IN SUCH FAC	PITAL, NURSING HOM CILITY, GIVE STREET ADDRESS)		ER INSTITUTION	FOR MOST OF WORKING LIFE)	OF WORK 126. KIND OF BUSINESS OR INDUSTRY
-		en Burn		North A	rundel Hosp	ital		Mechanic=A.A	. Qo School B
5	13a. S	Md.	13b. COUN		13c. CITY OR TOWN		13d. INSIDE CITY LIMITS?		n a
1		THER'S NAME	Pi e	A. Co.	Pasadena	1	YES NOTHER'S MAID		. Kd.
7	14. 67	Anton		MIDDLE	LAST		FIRST	MIDDLE	Bailey
2	160 V		EVER IN U.S. AR	MED FORCES?	Hirshau	YNO.	Cather	ADDRESS	Dalley
-	(Y	NO OR UNKNO	WN) (IF YES, GIVE	WAR OR DATES)			Mrs Mos	Hirshauer sa	ma ag 13 a
			DEATH (Enter or	nly ane couse per line		710	IMIS. Mae	IIII Shauer Sa	APPROXIMATE INTERVAL
ľ			ATH WAS CAUSE	D BY: A CT	ite carbon	mono	ride intox	ication	BETWEEN ONSET AND DEATH
	5	838	9 IMMEDIA	IE CHOSE (O)	AS A CONSEQUENCE				
			s, if ony, which						
7		cause (a)	stoting the under-		AS A CONSEQUENCE	OF \			
		lying caus	se last.	(c)					
	7	PART 2 OTHER SIG	INIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TER	AINAL DISEAS	E OR CONDITION GIVEN IN P	ART 1 (a).	
_	CERTIFICATION	19a, DATE OF	ORERATION	Ties contra	ION FOR WHICH OPE	DATIONIN	AS DEDE OBASED?		20. AUTOPSY?
ľ	FICA	198. DATE OF	OFERATION	148. CONDII	ION FOR WHICH OFE	KATION W	AS PERFORMED!		
	ERTI	21a. EXTERNA	L CAUSE WAS	21b. TIME OF	INJURY	121c. H	OW INJURY OCCURR	ED LENTER NATURE OF INJURY IN ITEM 18 PA	YES X NO
3		UNDERLYING	OR	1 9	MONTH DAY YEAR	0 1	a boat o	n the water	
	MEDICAL	21d. INJURY O	OCCURRED	21e. PLACE C	OF INJURY (AT HOME,	21f. LC	CATION		
)	M	WHILE AT WORK	NOT WHILE	STREET, FACT	the water	80	088 Ventno	r Rd. Pasadena	A.A. Co., Md.
/		22a Lcertif	v that I taak chore	ae of the remains des	cribed obove, held on	Autop	sy X, Inspecti	on . Inquiry . ond	in my opinion
4		711		rol causes .	[50]	picide	. Homicide	Undetermined manner .	
12		deoth resulte			1		TITLE (SPECIFY)		
3			M	1					
2		ACTUAL SIGNATURE_	Mays	its Be	hell	N	,	MEDICAL EXAMINER	DATE SIGNED 2 10-80
2		ACTUAL SIGNATURE_	Mays	to De	hell		Assistan	MEDICAL EXAMINER	
2		ACTUAL SIGNATURE_ EXAMINER'S (TYPE OR PRIN	MAME MA		hell Korell,	M.D.	ADDRESS 11	L Penn Street	
ココースー	23a. B	ACTUAL SIGNATURE _ EXAMINER'S I TYPE OR PRIN	NAME ME	23b. DATE	23c. NAME OF CE	M.D.	ADDRESS 11	Penn Street	SIGNED 2 10 - 80 - COUNTY STATE
2	(:	ACTUAL SIGNATURE _ EXAMINER'S I TYPE OR PRIN	NAME MATERIAL MATERIA		Glen H	M.D.	ADDRESS 11: OR CREMATORY Mem Pk	l Penn Street 123d_LOCATION Glen Burnie	SIGNED 2 10 - 80 - COUNTY STATE

	DESCRIPTION OF THE PARTY OF THE	
9	PART A STREET	
	20. 21-01-11	
		Linuxynelle
is a second of	o lours, and	1
Www. Social Common No.	inelest) .ol .i.l.	
velias animates	nonafar E	norm
A Cing pand neutrantit enn . nr. 6	127-20-012	
		North St.
		M
The second second most service.		
The transfer of the same of th	ACT NO.	



days Inter. out in the case of the second second is the second seco The state of the s

Fleming Funeral Service - Benson,

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

CALL : EFFA JENKINS - FERNUARY 26, 1980 - 9:24N

ANNE ARUXDEL COUNTY

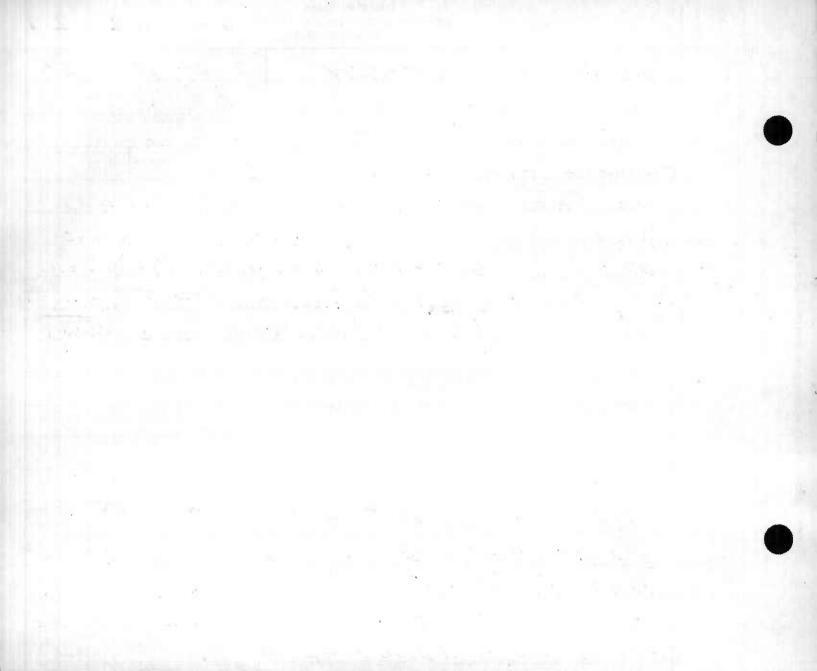
CLEN BURNIE NORTH ARUNDEL HOSPITAL

NICHAEL B. PEARLMAN, M.D. GLEN BURNIE, MARYLAND, 21061

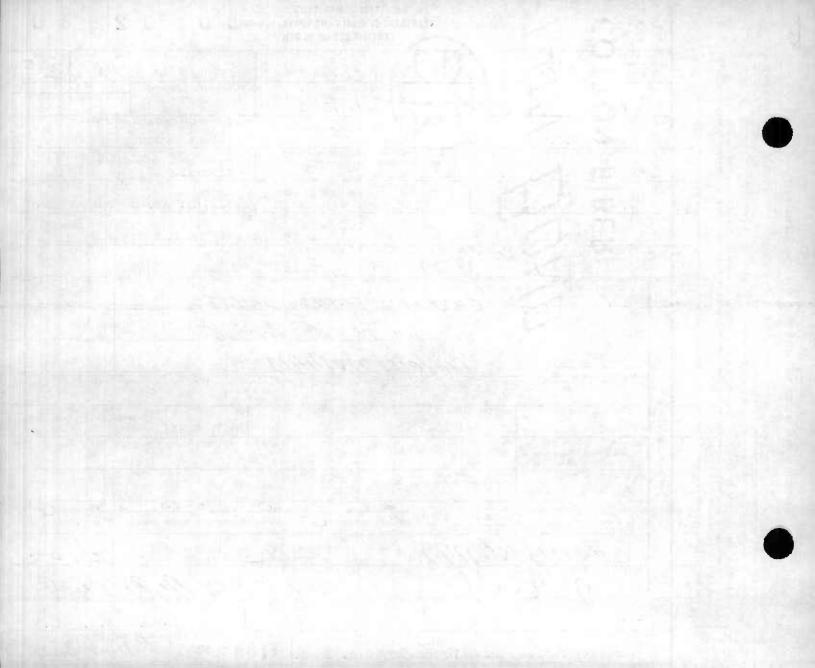
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

1 - STATE



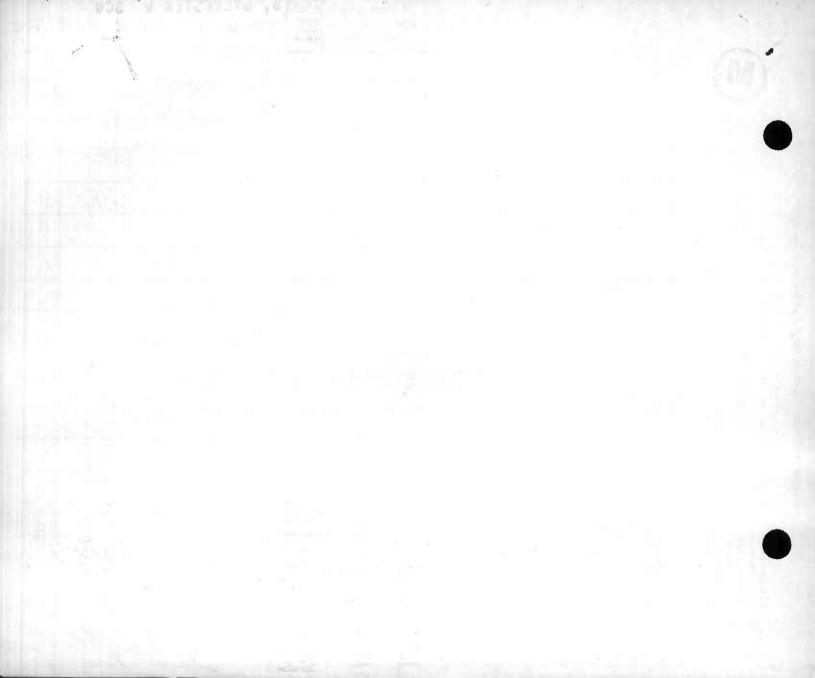
	1.	FOR - STATE REGISTRAR	C		IEALTH AND MENTAL HY ICATE OF DEATH	GIENES U U	2 9 3 0
e 3		CEASED NAME FIRST MAY	MIDDLE	1.100	SON	20. DATE OF DEATH MONTH February 2	DI 1980 345
e 4 moy be	3 SE	/	1 RACE VAlhito	5. DATE (OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 H
erol direct	(IRTHPLACE (STATE OR FOREIGN OUNTRY) Shington D.C.	U.S.A.	LINITRY2 10	D XXXEVER MARRIED [DALTHADE CITY OF COLIN	
by the fune filed within	10 C		11. NAME OF HOSPITAL	NURSING HOME		12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING Housewife	126. KIND OF BUSINESS
24 hour fillted in outd be	USU	AL RESIDENCE (IF NURSING HOME OR C STATE 13b COUNT Md. A.A.	OTHER INSTITUTION, GIVE RESIDE TY 13c CITY		13d. INSIDE CITY LIMITS? YES NOXX	13e STREET ADDRESS 3640 7th. Ave B	Edgewater Md.
mpletely ond 2 sh		ather's NAME alph Filmore Mit	IDDLE	LAST	15 MOTHER'S MAIDEN N		LAST
ficate be execut shysician and co popers. Pages novol. ent, the medical		NAS DECEASED EVER IN U.S. ARM YES, NO OR UNKNOWN) (1F YES, GIVE Y NO NZ A	WAR OR DATES)	-20-9798	17 INFORMANT Charaes	ADDRESS Eugene Johnso	on
that the death cert, do by the attending please remove carbon incl. cremation, arren		Conditions, if any, which gove rise to immediate couse (0), stating the underlying cause lost.	DUE TO, OR AS A CO	ODIC M	enul formellitus	respect	
low requires ss been signe ermit. Then p e prior to bur ss ony injury,	CERTIFICATION	PART 2. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUT			IN CERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH?
PHYSICIAN. The Isending physicion. This certificate has the burial-transit per burial-transit per and Mental Hygiene d or Item 18 shows		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MON P.M.	NTH DAY YEAR	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN ITEM 18	
or ottendir or ottendir After this se os the bu solth ond M morked or	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJUR (AT HOME, STREET, FACTOR		211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
R ATTEN hospitol RECTOR: red for us em 21 is		22a. Lectify that (i) this hospite sow the deceased give an above (i) we) (did) did not 22b. SIGNATURE	ol) ottended the decease	h.	nd that in (our) opinion	2 to Z - Z o n death occurred on the date and ha	, 19 that (T(we) our and from the causes stated 22c. DATE SIGNED
HOSPITAL inned by the FUNERAL uid be detended on the Stote ORTANT:		22d. PHYSICIAN'S NAME (TYPEOR	PRINTI PRINTI	2	ATTENDING PHYSICIAN 22e. ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	2-20-8
BP	23 a.	BURIAL, CREMATION, REMOVAL SPECIFY) Burial	23b. DATE 2/23/80		EMETERY OR CREMATORY nt Cemetery	23d LOCATION CITY OR TOWN Davidsonvill	COUNTY STATE Le A.A. Md.
DHMH - 16 50M 1/76 (VR A 15 (4))		UNERAL DIRECTOR Hardesty Funer			25a. DA	TE REC'D. BY REGISTRAR 256. RE	

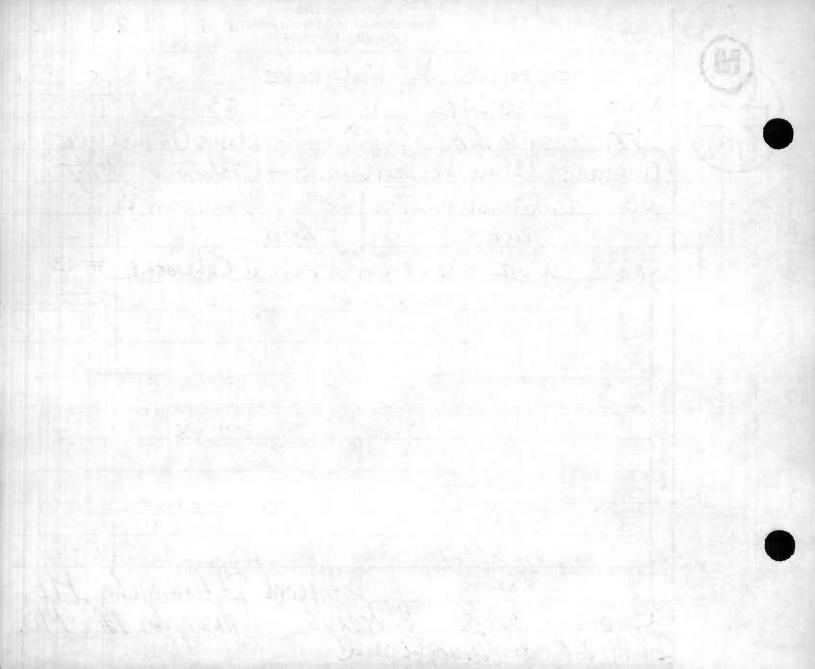


DEPARTMENT OF HEALTH AND MENTAL HYGIENE

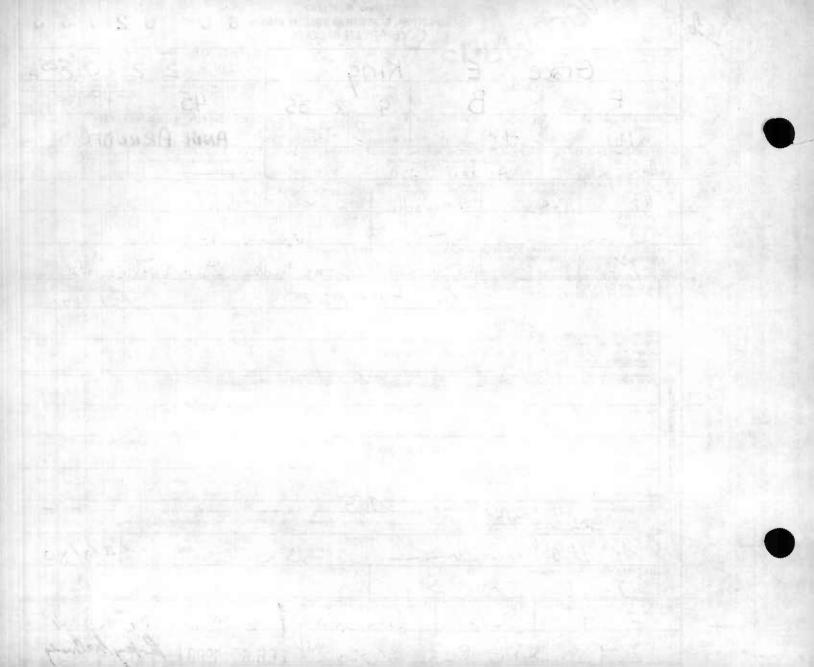
FOR

- STATE





mit	1	FOR STATE REGISTRAR	DEPARTA	STATE OF MARYLAND NENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 0	02933
page 3		CEASED NAME FIRST	e E	King		AONTH DAY YEAR 26 HOUR 25 A
rector, pe irs after d once.	3 St	F	RACE	5. DATE OF BIGHT DAY YEAR 30 35	6 AGE (IN YEARS LAST BIRT	MONTHS DAYS HOURS MIN
n 72 hour zified at		(AC)	CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OF	R COUNTY OF DEATH ARUNDEL
by the ed with		ANNENIES	AN CARACILITY, GIVE STREET	00	126 USUAL OCCUPATION OF OF WORK FOR MOST OF	
ould be fill	130	AL RESIDENCE IN HURSING HOME OR O	OTHER INSTITUTION, GIVE RESIDENCE BEFORE 13 CITY OR TOWN 13 CITY OR TOWN	YES NO	130. STREET ADDRESS	-10.5
medical ex		Doing	Dole Chester	15 MOTHER'S MAIDEN N	A COKE	
pers. Pages I oval. event, the me		WAS DECEASED EVER IN U.S. ARM YES, NO GRUNNINGWN) I IF YES, GIVE V		337 Elsie M	ilos Pha	APPROXIMATE INTERVAL APPROXIMATE INTERVAL BETWEEN CHISTI AND DEATH
nen please remove carbo r to burial, cremation, or ny injury, or other traum	NOI	Conditions, if any, which gave rise to immediate cause 101, stating the underlying cause lost. PART 2 OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) DUDITIONS CONTRIBUTING TO E		MINAL DISEASE OR CONI	DITION GIVEN IN PART 1(0)
ygiene prior 18 shows an	CERTIFICATI	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	YES NO	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
or Item	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT INF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	P.M. 214 PLACE OF INJURY	Y YEAR 19 21f LOCATION	RRED (ENTER NATURE OF INJUI	
Health 21 is ma	¥	WHILE NOT WHILE 220 I certify that (I) (this hospital saw the deceased alive on _	I AT HOME, STREET, FACTORY, OFFICE, FACT	1978 19_	CITY OR TOV	COUNTY STATE 19 , that (I) (rec) losted and hour and from the causes stated
Jept.		obove, (1) (we ridid) (did non	Kensch -	DEGREE ATTENDING PHYSICIAN	MEDICAL STAI	22c. DATE SIGNED
should be detactivity the State (IMPORTANT:		5 Physician's NAME TYPE OR	9TKINS	22a ADDRESS		
N.		BURIAL, CREMATION, REMOVAL	23b. DATE 23c N	AME OF CEMETERY OR CREMATORY	CITY OR TOWN	anced 6 a - No
MH-16 25M	24 F	UNERAL DIRECTOR	ADDRESS	250. DA	TE REC'D. BY REGISTRAR	25b. RECASTRAR'S SIGNATURE



		FOR STATE REGISTRAR			CERTIF	IEALTH AND MENTAL HYG ICATE OF DEATH		REG. NO.	U	2 9	3
	{TYPE	OR PRINT]	LIA	MIDDLE	K	IN G	2a. DATE OF	0	NIH DA	150	2b. HC
)	3 SEX	Female	4 RACE	Nite	5. DATE O		6 AGE (IN YEA	5	YRS	FUNDER 1 YEAR	# UND
35	C	RTHPLACE ISTATE OR FORE	Md. XXXX	N OF WHAT (1904TRY?	WIDOWE		9 BALTIMOR	5 1	RUK	WEX	
10	Section 1	EN BUC		E OF HOSPITAL, NURSIN TIN SUCH FACILITY GIVE STREET		UNGLESCAUT	17a USUAL O (TYPE OF WORK)	CCUPATION FOR MOST OF W	V ORKING LIFE)	126. KIND O INDUSTRY	of BUSI
35	130 S Ma	ryland /	nne Arun	del Glen Bun	N	13d INSIDE CITY LIMITS? YES NO 2	13e STREET A	Box 1	2 Gle	n Buri	21. rie.
20	14 FA	THER'S NAME FIRST UNKNO	wn MIDDLE	Hedrick	1	15 MOTHER'S MAIDEN NA! Many	ΛE		nda	LA	Ben
1		VAS DECEASED EVER IN ES, NO ORUNKNOWN) (1	U.S. ARMED FOR		707	Mrs. Hazel &	Glen Bi	address unie,		21062 x 12	MATE INT
	NO	Conditions, if ony, was gove rise to immediate to immediate to immediate the course of	which diote the lost	TO, OR AS A CONSEQUE	nce of	Pyelone NOT RELATED TO THE TERM MODEL: Just	Cenile INAL DISEASE	Dem	ent'd	N IN PART 1	a '
0	CERTIFICATION	19a DATE OF OPERATIO	DN 19b. C	CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOR			WERE FINDI	
7		210. ACCIDENT WAS UNDER OR CONTRIBUTING CAL (IF EITHER, NOTIFY MEDICAL E	SE OF DEATH HO	IME OF INJURY UR A.M. MONTH DA	YEAR	21c. HOW INJURY OCCURE	ED (ENTERNATU	IRE OF INJURY I	N ITEM 18, PAR	T 1 OR PART 2)	N
79	CAL	THE HITTER, MOTHET MEDICAL								601111TV	4
9	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	(AT HO	LACE OF INJURY DME, STREET, FACTORY, OFFICE, F	ARM, ETC.)	21f. LOCATION STREET		CITY OR TOWN		COUNTY	1100
79	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22a.1 certify that (1) (1) saw the deceased obode, (1) (we) (did 22b. SYONATURE	nis hospital) attendalive an localive an localive with	ded the deceased from	20 , or	on 19 79 and that in (my) (aur) apinion of DEGREE ATTENDING PHYSICIAN P	, to	on the dote	and hour	9.80	couses
79	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK 22a. I certify that (1) (the saw the deceased obesie, (1) (we) (did	nis hospital) attendalive an localive an localive with	DOME, STREET, FACTORY, OFFICE, F ded the deceased from body ofter deoth. Deceased 2 02	(b)	nd that in (my) (aur) apinlan a	, to	on the dote	and hour	ond from the	couses :

BY REGISTRAR 25b. RESPONDED SIGNATURE 9 1980

DHMH - 16 50M 1/76 (VR A 15 (4))

BP

retained by the haspital ar attending physician.

the same of the sound is the same of the same and the same and the same of the same and the same of th A Commission of the Commission Parallel Control of the Control of t

Sau-22 - 38 8 Co Set 5 14 12 24 21 - STATE

300 Audrey Avenue McAsHale / imonium, A Mary land Linsenmeyer 2112 Triandos Drive LEVOTIC CAXPIOUASICALARQUE PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO [21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) COUNTY STATE SQ, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22¢ DATE SIGNED PHYSICIAN DIRECTOR PHYSICIAN 404 CRAIN HIGHWAY SOUTH MARYLAND 21061 Baltimore Anna Ayund 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR 256 uneral Home of Banaklyn DHMH-16 25M (VRA 15, 4) 1/79 Patansco Ave. Balto

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2h HOUR

126. KIND OF BUSINESS OR

IF UNDER 24 HRS

1980

IF UNDER 1 YEAR

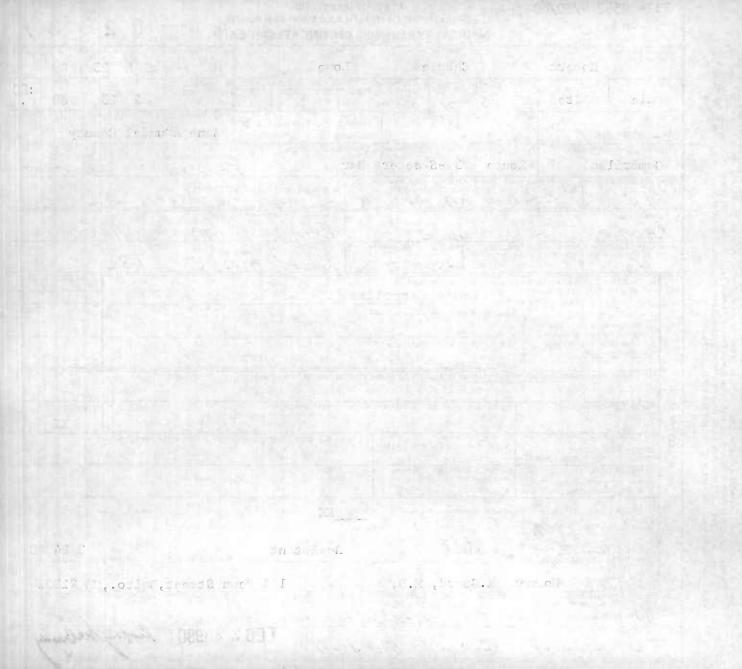
INDUSTRY

Domestic

OAYS

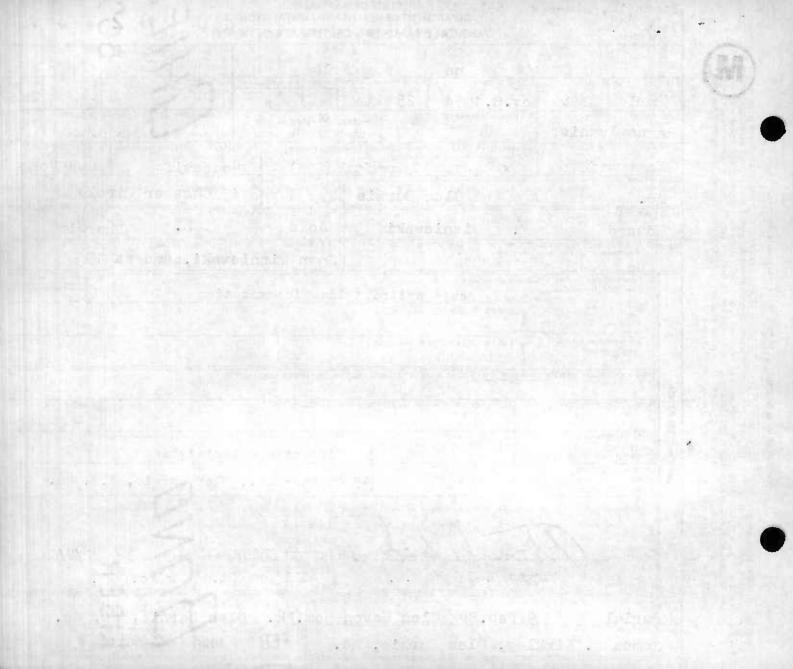
R FEBRUARY 28, 1080 1171	THERWARKE.	WANT WARRE	TA7 6 55	100
	7,007	1 245		
ANNE ARBYDEL COUNTY	X			
NAME OF TAXABLE PARTY.	OSPITAL	NORTH ARBVORE	CLEW BURNIE	
3 de l'age son es	x			
North Control		Charles and		
A anist the house of the second		Capterson V. Face		
OF CHARYLAND 21 BUT		BEINS, M.D.	CLENN P. RO	
A grant material in			Valence .	

1. DE	STATE CAC REGISTRAR CEASED NAME FIRST	MEDICAL EXAMIN	IER'S CERTIFICATE	OF DEATH REG. NO.	2 9 3 /
	Robert Robert	Charles	Lowe	OF ESTI- DEATH MATED X 2	23 19 80
3. SEX	male White	5 DATE OF BIRTH MONTH DAY YEAR 5 18 51 28 8	AY MONTHS DAYS HOURS	R 24 HRS. 24. DATE MONTH PRONOUNCED DEAD 2 2	23 19 80 P.
1/6	IRTHPLACE (STATE OR DREIGN COUNTRY) SEEMANY	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MAR	Anne Arundel (County
N E	Gambrills	11. NAME OF HOSPITAL, NURSING HOM IF NOT IN SUCH FAGILITY, GIVE STREET ADDRESS) Route #3 - Skeetel	rs Bar	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	126 KIND OF BUSINESS OR INDUSTRY CONSTRUCTION
13c. S	STATE 136 COU	E OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISS	13d. INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS	9ve
) 1	ATHER'S NAME PINST	A LOWE	15. MOTHER'S MAII	MIDDLE //	Merke/
160. V	WAS DECEASED EVER IN U.S. AI YES, NO, OR UNKNOWN] (IF YES, GIV	RMED FORCES? VE WAR OR DATES) 16b. SOCIAL SECURI 220 - 54	0/0/	A. Lowe 130	2
	PART I DEATH WAS CAUS	only ane cause per line far (a), (b), and (c).) ED BY: ATE CAUSE (a) ACUTE narco	tism		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
CATION	Conditions, if any, which	DUE TO, OR AS A CONSEQUENCE	OF		
	gave rise to immediat cause (a) stating the <u>under</u> lying cause last.		OF		
z	PART 2 OTHER SIGNIFICANT CONDITION	NS CONTRIBUTING TO DEATH OUT NOT RELATED TO THE TER	WINAL DISEASE DR CONDITION GIVEN IN	PART 1 (a).	
MEDICAL CERTIFICATION	196. DATE OF OPERATION	196. CONDITION FOR WHICH OPE	RATION WAS PERFORMED?		20. AUTOPSY? YES XX NO
CAL CER	210 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEA F DEATH P.M. 19		RED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PA	ART 2)
MEDI	21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, FARM, ETC.)	21f. LOCATION STREET	CITY OR TOWN CO	DUNTY STATE
MEDICAL CERTIFIC	22a. I certify that I taak cha	rige of the remains described above, held an	Autapsy Inspect	ian , Inquiry , and in my a	pinian
	death resulted from: / Nat				
230.8	death resulted from: / Nat ACTUAL SIGNATURE	Sudio	Assistant	DATE MEDICAL EXAMINER SIGN	2/24/80
2	ACTUAL SIGNATURE	ormez R.Guard, M.D.	M.D	MEDICAL EXAMINER DATE SIGN	ED



							SED A DT			MARYLA		IVOIEN							
	17	1-	FOR STATE					MENT OF EXAMIN					O HE		0	2	4	3	8
	-2 4		REGISTRAR CEASED NAM	E FIRST		74122	WIDOFE	EXAMIN	TER 3	LAST	CAIL	71 067		KNOWN		ONTH	OAY	YEAR	2b. HOUR
-	2000	(TYI	PE OR PRINT)	INTER B	TOO TO	711	TIDI					1.14	OF	ESTI- MATED	- 5			80	AN
M	ECTOR R FILES. HOURS STREET,	3. SE.		NE N 4. RACE	IOS IC	TE OF BIRTH	LUBY	6. AGE (IN Y	EARS IF U	NDER 1 YR.	IF UNDER	24 HRS.	2c. DAT				DAY	YEAR	2d HOUR
		I	7	W	MON		YEAR	LAST BIRTHE	RS.	THS DAYS	HOURS	MIN	PRONOU	NCED	7	-	× .	80	
	CESS HINERAL DIE NERAL DIE FOR YOU VITHIN 72 PRESTON	70. B	IRTHPLACE (S	TATE OR		ITIZEN OF WH		101	12			- 0		MORE CIT	YORC	OUNTY			M
	FUNERAL 5 FOR Y WITHIN W. PRESTO		REIGN COUNTRY)		,	IO A			WIDO	RIED NE	EVER MARR	ED O							
	IS N. W.	10 C	enna ITY OR TOWN	OF DEATH	11. N	ISA AME OF HOSE	PITAL, NU	IRSING HOM		X		12a. US	JAL OCCI	PATION	(TYPE OF V	VORK 12	b. KINE	OF BUS	SINESS
	A H IF ANY DELAY IS NE. 2. AND 3 TO THE FU. 3. RETAIN PAGE 5. 5. SHOULD BE FILED. ALRECORDS 301 W.	Ar	napoli	S		Gener		STREET ADDRESS)					MOST OF WO				OR I	NDUSTR	Υ
	3 TOE	USU	AL RESIDENCE	(IF IN NURSING HOME	OR OTHER	RINSTITUTION, GIV	E RESIDENC		ION)	1			sewij				-		
21201	A COULT	130. 5	MD	AAC				fton		13d. INSIDE	NO [EET ADDR	egent	~ D-		7-1	* *	
	H. IF 2. SH AL	14. F	ATHER'S NAMI				1010			15. MOTH	IER'S MAID				S_Fa	irk_i	10,	wes	<u> </u>
, MD.	SA 5 5/1 77	Ge	eorge		MIDD	LE	Nos	ich		Juli	FURST			MIDDLE				#	_
ORE	05.0	160.	WAS DECEASE	DEVER IN U.S. A				CIAL SECURI	TY NO.	17. INFOR				ADDR	ESS				_
BALTIMORE,	SGHZA	0	ES, NO, OR UNKNO	OWN) (IF YES, GN	/E WAR OR	DATES	298	10 55	43	JoAn	n Day	ri a	4	13					
	DURS 18. GI WITI TI. PAI			OF DEATH (Enter of	only one	cause per line			7	V	er nav	1.5		12		- 1	herway	CANAL	NEERVAL AND DEATH
ST.	ITED WITHIN 24 HOU A PENCIL IN ITEM 18, XAMINER ALONG V HAL-TRANTI PERMIT. MENTAL HYGENE, D OR REMOVAL.		PART I DI	EATH WAS CAUS	ED BY:	ISE IN C	Mo	non	ul	le	neu					1	120	1/2	S .
10	A ZA ZA ZA		15	52	(DUE TO, OR	AS A CO	NSEQUENCE	OF				2				-	2.17.11.1	
RES	UTED WITHIN IN PENCIL IN EXAMINER A EXAMINER A RIAL-TRANSIT OR REMOVAL			ins, if ony, which		(b)													
×.	PENCI (AMIN L-TRAI NENTA R REM		couse (o) stoting the unde		DUE TO, OR	AS A CO	NSEQUENCE	OF					MIL					
301	25 200		lying car	use lost.		(c)					1735			2.1					
DIVISION OF VITAL RECORDS, 301 W. PRESTON ST.			PART 2 OTHER S	IGNIFICANT CONDITION	S CONTRIB	UTING TO OFATH	BUT NOT REL	ATEO TO THE TER	MINAL OISEA	SE OR CONDITIO	ON GIVEN IN PA	kRT 1 (a).							
0	HOULD BE E) RD "PENDING CHIEF MEDIC USED AS A OF HEALTH, AL, CREMATIC	MEDICAL CERTIFICATION																	
I R		S	190 DATE OF	OPERATION		196 CONDIT	ION FOR	WHICH OPE	RATION	WAS PERFOI	RMED?					. 10	20. AU	TOPSY?	
Į.	WORD THE CHIE TO BE US VENT OF BURIAL,	1 1							100									s 🗆	NO.
9	THE WC	LCE	UNDERLY INC	AL CAUSE WAS		11b. TIME OF HOUR A.M.		DAY YEA	.E. 21c. F	NULNI WOR	Y OCCURRE	D (ENTER	NATURE OF I	NJURY IN ITEA	A 18 PART 1	OR PART 2	?}		
NO.		CA	CONTRIBUTI	NG CAUSE O	DEATH			19	216.16	CATION									
N N	CERTIFICATION OF STATE OF STAT	MED	WHILE			21e. PLACE C STREET, FACT			ZH. LC	STREET			CITY OR TO	NWC		COUNT	A		STATE
	ST CA CE		AT WORK	NOT WHILE			31-												
	INER: THE CATE, VICATE, VICATE, VICATE, VALUE, PARTHE STATUS, VICATE,	19	22a. i cert	ify that I toak cho	rge of th	e remoins desc	cribed ob	ove, held an	Auto	psy ,	Inspection	n .	Inquiry	· H	ond in	my apini	an		
	20 2 - 7		death result	red from Not	y ral cou	ses ,	Accident	L, s	uicide _	, Homi	icide	Undet	ermined m	nonner],				
	EXAMI CERTIFI ULD BE DIRECT WITH		ACTUAL	04) Q	1)n	3		TITLE (SPECIFY)				-	NATE		_	
	HE HOUNTH,		SIGNATURE	Co A	1	roll!	PIL	1.	/	M.D. Def	2040	1_MED	ICAL EXA	MINER	5	DATE SIGNED.	2-	2-8	-0
	MEDIC CUTE T SE 4 S FUNER FUNER		EXAMINER'S	NAME 17	т .	T duals area	14				1		1	1.	2,6	2			
	TO MEDICAL E. EXECUTE THE C. PAGE 4 SHOUI TO FUNERAL D AFTER DEATH, V. BALTIMORE, MA		(TYPE OR PRI	NT) E.		Linhard				_ADDRESS_	lfn	nd	Dak	es, 1	up				
	P P P P P	- 1	SPECIFY)	TION, REMOVAL	23b. DA	TE	23с.	NAME OF CE	METERY	OR CREMAT	ORY	CITY	ORTOWN			COUNTY		STA	37.4
	BP		urial UNERAL DIREC	CTOP	2-	6-80	A	Ll_Soul	s		250. DATE	Cha	mpio	n Tov	msh	ip, O	hio	RF	
	DHMH - 17 (VR A15 ME (5))	29.1	NAME	LIOK		ADORES5					FE				Rich	buy !	ke/	2	
	15M 7/76	LH	ardest	FH. 12	Rido	elv Ave	Ann	anolis	-Md-	21404	T	D I	198)U		1			7

REC. NO. DECEASED NAME PASS Barbara Ann Marley Bernale White No.v. 3, 1954 25 was presented by the present of the present	III	ter	ms 18	, 21a-2	2 a	G541	3/2. DEPART	6/80ST	ATE OF A	AARYLAND	. HYGIEI	ME O	í	1 2	9	3	9
Barbara Am Marley DEATH MATED \$2 6 19 80 1. SEX SPACE S	1,					ME	DICAL	EXAMI	NER'S	CERTIFICATE	OF DE	ATH "	REG. NO	0.			300
Barbara Ann Manley Call Marker Call Mark				E FIRST			MIDDLE	1000	N Hear	LAST		20. DATE		НТИОМ	DAY	YEAR	2b. HO
Female White Nov. 8, 1954 25 yes. Female White Nov.	"	THE C	n raint)	Bar	bara		Ann		M	Tarley		DEATH	MATED E	2	6	19 80	
Per	3. SI	EX		4. RACE	5. DA			LAST BIRTI			ER 24 HRS			HIMOM	DAY	YEAR	2d HO
CONTROL COUNTY PART DEATH COUNTY PART PART PART DEATH COUNTY PART PART PART DEATH COUNTY PART P								25		NS DATS HOURS	MIN.	DEAL	0	2			2:4
ID CAY OR TOWN OF DEATH II. NAME OF HOSPITAL, NURSING HOME. OR OTHER INSTITUTION TRE USUAL OCCUPATION (FOR GIVEN II. NAME OF HOSPITAL) NURSING HOME. OR OTHER INSTITUTION TRE USUAL OCCUPATION (FOR GIVEN II. NAME OF HOSPITAL) NURSING HOME. OR OTHER INSTITUTION TRE USUAL OCCUPATION (FOR GIVEN II. NAME OF HOSPITAL) NURSING (IT UMID) II. SURGE (IT UMID) III. SURGE (IT UMID	1	FORE	GN COUNTRY)		7b. CI			NTRY?	8 MARR	IED NEVER MA	RRIED	9. BALTIA	AORE CITY	OR COUN	ITY OF	DEATH	
Glen Burnie (If you have haden and the properties of the properti												An	ne Arı	ındel	Col	inty,	N
ISSUAL RESDETICE (or an independence of contribution) or or interestribute and interest					(IF	NOT IN SUCH I	ACILITY, GIVE	STREET ADDRES	S}		FOI	R MOST OF WO	RKING LIFE)	E OF WORK	0	R INDUST	TRY
IN A STATE MAN. IF ALTER STAME IF ALTER STAM										1 (DOA)	I	louse	wife		0.	wn H	lome
Bedward F. Wisniewski Joan M. Shurwin 100 WAS DECEASED EVER IN U.S. ARMED FORCES? 110 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 17 IN JOAN Wisniewski, same as 13 110 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) 111 PART USEAN CAUSE BY: 112 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) 113 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) 114 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) 115 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) 116 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) 117 CONTRIBUTION (CONTRIBUTION COUSE (a) 118 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) 119 CONDITION (CONTRIBUTION (CONTRIBUTION COUSE (a)) 119 CONDITION (CONTRIBUTION COURSE) 119 CONDITION (CONTRIBUTION COURSE) 119 CONDITION (CONTRIBUTION COURSE) 119 CONDITION (CONTRIBUTION COURSE) 110 CONTRIBUTION (CAUSE OF DEATH (CONTRIBUTION COURSE) 110 CONTRIBUTION (CAUSE OF DEATH (CONTRIBUTION COURSE) 110 CONTRIBUTION (CAUSE OF DEATH (CONTRIBUTION COURSE) 111 CONTRIBUTION (CAUSE OF DEATH (CONTRIBUTION COURSE) 112 CAUSE (CONTRIBUTION (CAUSE OF DEATH (CONTRIBUTION COURSE) 113 CONTRIBUTION (CAUSE OF DEATH (CONTRIBUTION COURSE) 114 LOCATION (CONTRIBUTION (CAUSE OF DEATH (CONTRIBUTION COURSE) 115 CONTRIBUTION (COURSE) 116 CONTRIBUTION (COURSE) 117 CONTRIBUTION (COURSE) 118 CONTRIBUTION (COURSE) 119 CONTRIBUTION (COURSE) 119 CONTRIBUTION (COURSE) 110 CONTRIBUTION (COURSE) 111 CONTRIBUTION (COURSE) 111 CONTRIBUTION (COURSE) 112 CONTRIBUTION (COURSE) 113 CONTRIBUTION (COURSE) 114 LOCATION (COURSE) 115 CONTRIBUTION (COURSE) 117 CONTRIBUTION (COURSE) 118 CONTRIBUTION (COURSE) 119 CONTRIBUTION (COURSE) 11	3a.	STA	TE	136. COL	INTY	CINSTITUTION, I	Gle	y or lowing Bui	rnie	13d. INSIDE CITY LIMITS	13e. ST	45 ACH	ëster	· Ci	rcl	е	
No No No No No No No No	14. 1		FIRST		MIDDI	LE .		LAST		15. MOTHER'S MA	IDEN NAM	\E	MODE	~		LAST	
TYS. NO. OR IMERIOWN IF YES, ONE WAR ORDATES) Joan Wisniewski, same as 13															nur	wın	
Total Cause of Death (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY. Acute amitriptyline intoxication Conditions, if any, which give rise to immediate cause (a) the couse (a) staining the underlying cause last. (b) DUE TO, OR AS A CONSEQUENCE OF (c) DUE TO							16b. SO	CIAL SECUR	RITY NO.		iani	aweki			13		
PART I DEATH WAS CAUSE (a) ACULE amitriptyline intoxication MAEDIATE CAUSE (a) ACULE amitriptyline intoxication MAEDIATE CAUSE (b) ACULE amitriptyline intoxication MAEDIATE CAUSE (c) ACULE amitriptyline intoxication DUE TO, OR AS A CONSEQUENCE OF		_								Joan W.	LOIIT	OWDILL	, banz				TE SEITEDVAL
Thomas D. Smith, M.D. Due to, or as a consequence of course, it any, which gover rise to immediate couse (a) stating the underlying cause lost. Due to, or as a consequence of (b) Due to, or as a consequence of (c)		-	PART I DE	EATH WAS CAUS	anly ane o SED BY:					Tind int	ovios	tion					
Conditions, if any, which gave rise to immediate couse (a) stating the underlying cause last. PART 2 DIRECTION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 28. AUTOPSY?			95	1 2 IMMED	IATE CAU	1-1				TINE INC	OXICE	101011			+		
DUE TO, OR AS A CONSEQUENCE OF STATE 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO ORAIN BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO ORAIN BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). The DATE OF OPERATION			Conditio	ins, if any, which	ch \	DOL 10, C	N AS A CO	143EQUEIAC	LOI								
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT BELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT BELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT BELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT WHICH OPERATION WAS PERFORMED? 20			gave ri	ise ta immedia	ite /	, ,	PASACO	NISECHIENIC	F 05								
196 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 210. AUTOPSY? YES No. 196 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 210. AUTOPSY? YES No. No. 196 DATE 210. AUTOPSY? YES No. No. 196 DATE 196		H			- /	000 10,0	N AS A CO	, , SE GOETAC	LOI								
UNDERTING CAUSE OF DEATH ? P.M. 2/6/8019 ingested amitriptyline 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK 22a. Lecrtify that I took charge of the remains described above, held an death resulted fram: 22a. Lecrtify that I took charge of the remains described above, held an death resulted fram: 22b. Lecrtify that I took charge of the remains described above, held an death resulted fram: 22c. Lecrtify that I took charge of the remains described above, held an death resulted fram: 22c. Lecrtify that I took charge of the remains described above, held an death resulted fram: 22c. Lecrtify that I took charge of the remains described above, held an death resulted fram: 22c. Lecrtify that I took charge of the remains described above, held an death resulted fram: 22c. Lecrtify that I took charge of the remains described above, held an death resulted fram: 22c. Lecrtify that I took charge of the remains described above, held an death resulted fram: 22c. Lecrtify that I took charge of the remains described above, held an death resulted fram: 22c. Lecrtify that I took charge of the remains described above, held an death resulted fram: 22c. Lecrtify that I took charge of the remains described above, held an death resulted fram: 22c. Lecrtify that I took charge of the remains described above, held an death resulted fram: 22c. Lecrtify that I took charge of the remains described above, held an Autopsy X, Inspection I, Inquiry I, and in my apinian 22c. Lecrtify that I took charge of the remains described above, held an Autopsy X, Inspection II, Inquiry II, and III and I		-	ART 2 OTHER S	IGNIFICANT CONDITIO	NS CONTRIR	UTING TO DEAT	N BUT NOT REI	ATED TO THE TI	ERMINAL DISEAS	E OR CONDITION GIVEN IN	PART 1 (a).						
UNDERTING CAUSE OF DEATH ? P.M. 2/6/8019 ingested amitriptyline 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK 22a. Lecrtify that I took charge of the remains described above, held an death resulted fram: 22a. Lecrtify that I took charge of the remains described above, held an death resulted fram: 22b. Lecrtify that I took charge of the remains described above, held an death resulted fram: 22c. Lecrtify that I took charge of the remains described above, held an death resulted fram: 22c. Lecrtify that I took charge of the remains described above, held an death resulted fram: 22c. Lecrtify that I took charge of the remains described above, held an death resulted fram: 22c. Lecrtify that I took charge of the remains described above, held an death resulted fram: 22c. Lecrtify that I took charge of the remains described above, held an death resulted fram: 22c. Lecrtify that I took charge of the remains described above, held an death resulted fram: 22c. Lecrtify that I took charge of the remains described above, held an death resulted fram: 22c. Lecrtify that I took charge of the remains described above, held an death resulted fram: 22c. Lecrtify that I took charge of the remains described above, held an death resulted fram: 22c. Lecrtify that I took charge of the remains described above, held an death resulted fram: 22c. Lecrtify that I took charge of the remains described above, held an Autopsy X, Inspection I, Inquiry I, and in my apinian 22c. Lecrtify that I took charge of the remains described above, held an Autopsy X, Inspection II, Inquiry II, and III and I	Z																
UNDERTING CAUSE OF DEATH ? P.M. 2/6/8019 ingested amitriptyline 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK 22a. Lecrtify that I took charge of the remains described above, held an death resulted fram: 22a. Lecrtify that I took charge of the remains described above, held an death resulted fram: 22b. Lecrtify that I took charge of the remains described above, held an death resulted fram: 22c. Lecrtify that I took charge of the remains described above, held an death resulted fram: 22c. Lecrtify that I took charge of the remains described above, held an death resulted fram: 22c. Lecrtify that I took charge of the remains described above, held an death resulted fram: 22c. Lecrtify that I took charge of the remains described above, held an death resulted fram: 22c. Lecrtify that I took charge of the remains described above, held an death resulted fram: 22c. Lecrtify that I took charge of the remains described above, held an death resulted fram: 22c. Lecrtify that I took charge of the remains described above, held an death resulted fram: 22c. Lecrtify that I took charge of the remains described above, held an death resulted fram: 22c. Lecrtify that I took charge of the remains described above, held an death resulted fram: 22c. Lecrtify that I took charge of the remains described above, held an death resulted fram: 22c. Lecrtify that I took charge of the remains described above, held an Autopsy X, Inspection I, Inquiry I, and in my apinian 22c. Lecrtify that I took charge of the remains described above, held an Autopsy X, Inspection II, Inquiry II, and III and I	ATIO	1	9a DATE OF	FOPERATION		196. CONE	ITION FOR	WHICH OP	ERATION W	VAS PERFORMED?				des	20.	AUTOPSY	(?
UNDERTING CAUSE OF DEATH ? P.M. 2/6/8019 ingested amitriptyline 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK 22a. Lecrtify that I took charge of the remains described above, held an death resulted fram: 22a. Lecrtify that I took charge of the remains described above, held an death resulted fram: 22b. Lecrtify that I took charge of the remains described above, held an death resulted fram: 22c. Lecrtify that I took charge of the remains described above, held an death resulted fram: 22c. Lecrtify that I took charge of the remains described above, held an death resulted fram: 22c. Lecrtify that I took charge of the remains described above, held an death resulted fram: 22c. Lecrtify that I took charge of the remains described above, held an death resulted fram: 22c. Lecrtify that I took charge of the remains described above, held an death resulted fram: 22c. Lecrtify that I took charge of the remains described above, held an death resulted fram: 22c. Lecrtify that I took charge of the remains described above, held an death resulted fram: 22c. Lecrtify that I took charge of the remains described above, held an death resulted fram: 22c. Lecrtify that I took charge of the remains described above, held an death resulted fram: 22c. Lecrtify that I took charge of the remains described above, held an death resulted fram: 22c. Lecrtify that I took charge of the remains described above, held an Autopsy X, Inspection I, Inquiry I, and in my apinian 22c. Lecrtify that I took charge of the remains described above, held an Autopsy X, Inspection II, Inquiry II, and III and I	IFIC	2														YES TOY	NO
UNDERTING CAUSE OF DEATH ? P.M. 2/6/8019 ingested amitriptyline 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK 22a. Lecrtify that I took charge of the remains described above, held an death resulted fram: 22a. Lecrtify that I took charge of the remains described above, held an death resulted fram: 22b. Lecrtify that I took charge of the remains described above, held an death resulted fram: 22c. Lecrtify that I took charge of the remains described above, held an death resulted fram: 22c. Lecrtify that I took charge of the remains described above, held an death resulted fram: 22c. Lecrtify that I took charge of the remains described above, held an death resulted fram: 22c. Lecrtify that I took charge of the remains described above, held an death resulted fram: 22c. Lecrtify that I took charge of the remains described above, held an death resulted fram: 22c. Lecrtify that I took charge of the remains described above, held an death resulted fram: 22c. Lecrtify that I took charge of the remains described above, held an death resulted fram: 22c. Lecrtify that I took charge of the remains described above, held an death resulted fram: 22c. Lecrtify that I took charge of the remains described above, held an death resulted fram: 22c. Lecrtify that I took charge of the remains described above, held an death resulted fram: 22c. Lecrtify that I took charge of the remains described above, held an Autopsy X, Inspection I, Inquiry I, and in my apinian 22c. Lecrtify that I took charge of the remains described above, held an Autopsy X, Inspection II, Inquiry II, and III and I	CER	1 2						J DAV VE		OW INJURY OCCUP	RED (ENTE	R NATURE OF I	NJURY IN ITEM 18	PART 1 OR F	ART 2)	AA	
AT WORK AT WORK 22a. I certify that I took charge of the remains described above, held an death resulted fram: Autopsy X Inspection	TAL	5 0			F DEATH		~ 11				d am	itrip	tyline	9			
AT WORK AT WORK 22a. I certify that I took charge of the remains described above, held an death resulted fram: Autopsy X Inspection	EDIV	2	Id. INJURY	OCCURRED							_	⇔E4EY OR TO	OWND		OUNTY	3/ 3	STATI
220. Location death resulted fram: Comparison Compar	1 8	=)	AT WORK	AT WORK		h	ome	E1C.]	45	Chester	Cr.,	Gien	Burn	le,	A.A.	· Ma	•
death resulted fram: Cide Hamicide Undetermined manner					arge of th	ne remains d	escribed ab	ave. held ar	Autar	sy X Inspec	tian .	Inquiry	,	nd in my o	pinian	1156	77 45
TITLE (SPECIFY) M.D. Deputy Chiefdical examiner DATE SIGNED 2/7/80 EXAMINER'S NAME (TYPE OR PRINT) 230. BURIAL CREMATION, REMOVAL 230. DATE 230. NAME OF CEMETERY OR CREMATORY CITY OF TOWN COUNTY STATE Burial 9 Feb. 80 Glen Haven Mem. Pk. Glen Burnie, AA, Md. 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 250. REPUSTRAR'S SIGNATURE				1	north spee	ar D	Added		A A		. Und						
M.D. Deputy Chiefdical Examiner Signed 2/7/80 EXAMINER'S NAME (TYPE OR PRINT) 230. BURIAL CREMATION, REMOVAL 236. DATE 236. NAME OF CEMETERY OR CREMATORY Burial 9 Feb. 80 Glen Haven Mem.Pk. Glen Burnie, "AA, Md. 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REG				//	01		1/10	7		TITLE (SPECIFY)							
EXAMINER'S NAME (TYPE OR PRINT) 236 BURIAL, CREMATION, REMOVAL 236. DATE 236. NAME OF CEMETERY OR CREMATORY 236. LOCATION COUNTY STATE				11	15	wer	KI	mo	1			DICAL EXA	MINER	DATE	IED_	2/7/8	30
County C				, T	homo	a D	Smith	MD	1-						MI		
Burial 9 Feb. 80 Glen Haven Mem. Pk. Glen Burnie, AA, Md. 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR'S SIGNATURE	6			INT)	HOIII	10 D.	OHL MI	, IVI. D		ADDRESS			Dall	,0.,	IVID.	H	
Burial 9 Feb. 80 Glen Haven Mem. Pk. Glen Burnie, "AA, Md. 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR'S SIGNATURE	230			ATION, REMOVAL	23b. DA	TE	23c.	NAME OF	CEMETERY C	OR CREMATORY				СО	UNTY		STATE
		B	uria		9	Feb.	30 (Glen	Haver	n Mem.Pk	. G	len	Burni	e, 1	A.	Md.	
	24.				-1-7	ADDRE	\$5	Da a 2010 -	0 34		FREC'D.			JSTRAR'S	SIGNA	I ORE	3.3



corbon popers. Poges 1 and 2 should be find

the ottendi

this certificate has been

TO FUNERAL DIRECTOR: After

HOSPITAL OR ATTENDING PHYSICIAN: The etoined by the hospital or attending physician should be detoched for use as the burial-transit permit. Then p with the State Dept. of Health and Mental Hygiene prior to bur

IMPORTANT, If Hem 21 is morked or Hem 18 shows ony

injury, or other troumotic event, the

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 -	FOR STATE REGISTRAR	D		ICATE OF DEATH	IENE 8 ()	0 2	9 4 0	
		CEASED NAME FIRST OR PRINT) Ann	ie Eli	zabeth	Marshall	20 DATE OF DEATH	MONTH DAY	ED B.30 F.	P M
	3. SE)	<	4 RACE		DF BIRTH H DAY YEAR	6. AGE (IN YEARS LAST BIRT	HDAY) IF U	INDER I YEAR IF UNDER 24 HR	25
		female	white		22,1880	99	YRS	THS DAYS HOURS MIN	-
Ų	la. Bli	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT CO	UNTRY? 8	D NEVER MARRIED	9 BALTIMORE CITY	R COUNTY OF	DEATH	
Ó		Maryland	USA	WIDOWE		Anne Aru	ndel Co		MD.
	10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL,	NURSING HOME		12a USUAL OCCUPATI	ON	126. KIND OF BUSINESS C	_
		Delae	639 Deale	Rd. Deal	e Md.	type of work for most of housewif		INDUSTRY	
,	USUA 13a. S	AL RESIDENCE (IF NURSING HOME OR TATE 136 COUN	OTHER INSTITUTION, GIVE RESIDENT 134. CITY (13d INSIDE CITY LIMITS?	13e STREET ADDRESS			
7		Md A	A CO De	ala.	YES NO	639 Deale	Rd.		
	14 FA	THERSNAME	MIDDLE	AST	15 MOTHER'S MAIDEN NAM	ME	HI.	LAST	
1		William		iger	Mary	Moore		Plummer	
1		AS DECEASED EVER IN U.S. AR.		AL SECURITY NO.	17 INFORMANT	ADDRE	SS	I Limine.	
	(1	no		54-1653	Ella E. Mar	cshall same	as 13e		
		Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost.	DUE TO, OR AS A CO	/	moradul 9	hefaretion		6 weeks	
	Z	PART 2 OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTI	NG TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	IN PART 1(o	
	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?		ERE FINDINGS USED G CAUSES OF DEATH?	
1		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MON P.M.	TH DAY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJUR	RY IN ITEM 18, PART 1	OR PART 2}	
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY		21f LOCATION STREET	CITY OR TOV	VN (COUNTY STATE	
		22a. I certify that (1) (this hospi sow the deceased alive an above, (1) (we) (did) (did no	12 Fel	19 80	nd that in (my) (our) apinion of	, to		that (1) (we) lo	ost
		226. SIGNATURE	mer h	0		MEDICAL STAI	FF CIAN []	15 Fat 80	
		Robert B. S	RPRINT) PASSCER	MD.	16508 1-100	LEORO PIK	E		

DHMH - 16 50M 1/76 (VR A 15 (4))

BP.

230. BURIAL, CREMATION, REMOVAL (SPECIFY)

23c NAME OF CEMETERY OR CREMATORY James

23d. LOCATION

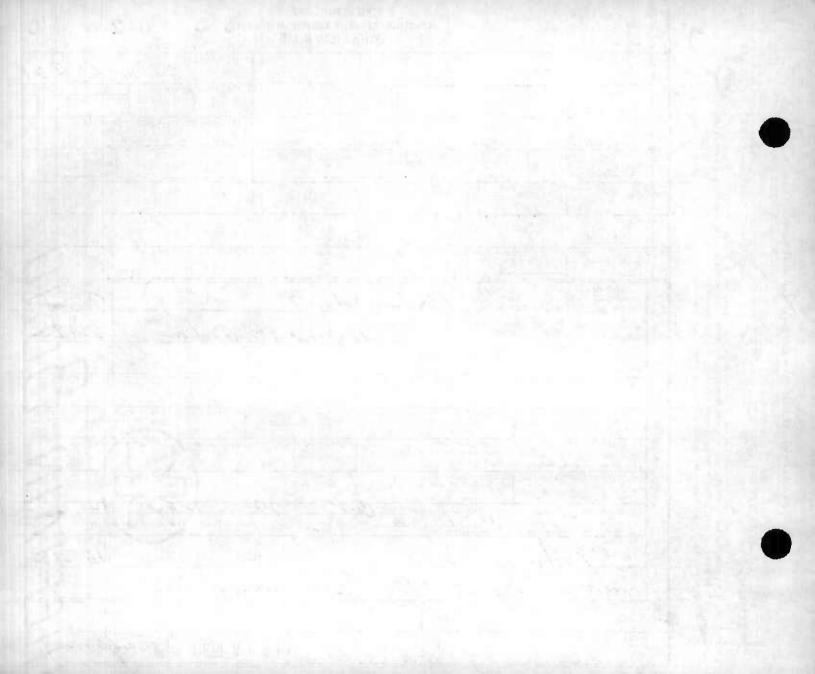
COUNTY

STATE

Burial 2/18. 1980 24 FUNERAL DIRECTOR ADDRESS

23b. DATE

Tracys 250. DATE REC'D. BY REGISTRAR FEB 1 9 1980 Hardesty Funeral Home 12 Ridgely Ave. Ann

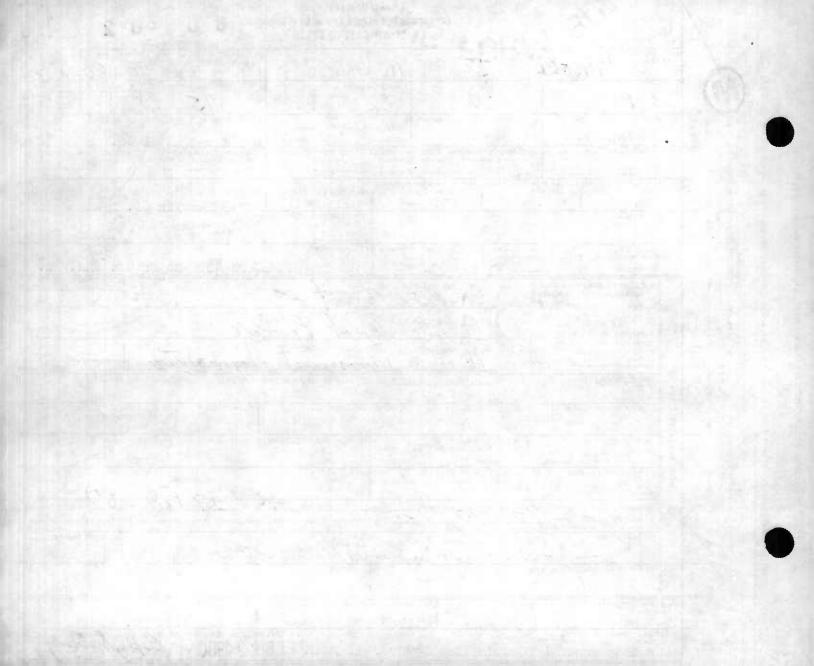


	It	cems 18 & 22a G541 3/26/80 STATE OF MARYLAND	
	11-	FOR dad DEPARTMENT OF HEALTH AND MENTAL HYGIENE 0 2	9 4
		REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	
3		PE OR PRINT) PE OR PRINT)	DAY YEAR 2b. HOUR
E		Baby Boy John / H/L/ Machage DEATH MATED 2	9 1980 M
150	3. SE	LAST BIRTHANY MONTHS DAYS HOURS MIN. PRONOUNCED	0 00 10:40
5	-	nale white 52 1979 YRS 2 13 DEAD 2 AIRTHPIACE (STATE OR A. CITIZEN OF WHAT COUNTRY? 18 9. BALTIMORE CITY OR COUNT	9 180 am
4	u	ASH DC Anne Arundel (NEVER MARRIED NEVER MARRIED NEVER MARRIED Anne Arundel (
AL PECORDS, 301	- 1	Annapolis (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE)	12b. KIND OF BUSINESS OR INDUSTRY
PRDS.		AL RESIDENCE UE IN NURSING HOME OR OTHER INSTITUTION. GIVE RESIDENCE BEFORE ADMISSION	n n
35		STATE M.D. 136 GOUNTY WAR POLES 13d INSIDE CITY LIMITS? 130, STREET PORES 202RN	RIDGE KD.
STAND	14. 6	FATHER'S NAME FIRST AND ESS MIDDLE MASCHOFT 15. MOTHER'S MAIDEN NAME FAIDDLE BO	1 GER
IVISION OF	160.	WAS DECEASED EVER IN U.S. ARMED FORCES? YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	
DIVISION	,	THE	
		18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Z Z		PARTIDEATH WAS CAUSED BY: Myocarditis HULL (IMMEDIATE CAUSE (o)	
USED AS A BURIAL-TRANSIT PERMIT. OF HEALTH AND MENTAL HYGIENE, I. I., CREMATION, OR REMOVAL.		DUE TO, OR AS A CONSEQUENCE OF	
ANS AOV AOV		Conditions, if ony, which gove rise to immediate (b)	
REAL REAL		couse (o) stating the <u>under-lying couse</u> lost. DUE TO, OR AS A CONSEQUENCE OF	
20,7		(c)	
TION	Z	PARY 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	
EALT REMA	1 2	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
AL, C	FICA	THE DATE OF STERVINO.	YES XX NO 🗆
PRIOR TO BURIAL,	CERTIFICATION	21 G. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PA	
0	ALC	UNDERLYING OR HOUR A.M. MONTH DAY YEAR	
5	MEDICAL	CONTRIBUTING CAUSE OF DEATH P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (ATHOME, 21f. LOCATION	
F	ME	WHILE NOT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN CO	DUNTY STATE
21201 P			
			oinion
ARYLAND,	1	deoth resulted from: Notural causes A, Accident L, Suicide L, Hamicide L, Undetermined monner L,	
M. M.		ACTUAL TITLE (SPECIFY) DATE ACTUAL ACTUAL	0 10 00
		SIGNATURE M.D. Assistant MEDICAL EXAMINER SIGNI	2-10-80
BALTMORE, MARYLAND, 2	1	EXAMINER'S NAME (TYPE OR PRINT) Margarita A. Korell, M.D. ADDRESS 111 Penn Street	
BALT	23a.)	POLIAL, CREMATION, REMOVAL 236. DATE 236. NAME OF CEMETERY OR CREMATORY 236. LOCATION	MTV ALSO
	1	DIRIAL 2-11-80 HILLCREST (on - Annisoris	Jul.
7	24.	FUNERAL DIRECTOR ADDRESS ADDRESS 256. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S S	SIGNATURE
(5))	1. /	LAHRI MI MILL AND THE MAN TO A LAND BAKE	1 Mal secolu

the contract of the contract o

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME Mathis 20 DATE OF DEATH 2b. HOUR TYPE OR PRINT IRuh 3. SEX 4 RACE IF UNDER LYEAR MONTH DAYS HOURS BALTIMORE OTY OR COUNTY OF DEATH MARRIED NEVER MARRIED Anne Arundel DIVORCED T 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Housewife PSCENT Own Home SUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION, O'VE RESIDENCE BEFORE ADMISSION) 136 COUNTY Odenton 13d INSIDE CITY HMITS? 13406 Odenton Road aryland AA 4. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Mandy MIDDLE Jordan Ray Marvin 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO ADDRESS 17 INFORMANT (YES, NO OR UNKNOWN) I (IF YES GIVE WAR OR DATES) 218-18-8580 Eugene Mathis, son, same as 13 No APPROXIMATE INTERVAL 18 CAUSE OF DEATH Enter only one cause per lipe for 16th, (b), and (c PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate couse to stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause last CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 DIVISION OF VITAL RECORDS. CERTIFICATION 19n DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED d IN CERTIFYING CAUSES OF DEATH? YES T NO F Hygi 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH Hem (IF EITHER, NOTIFY MEDICAL EXAMINER) PM 19 21d. INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION STREET (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE 220.1 certify that (1) (this haspital) attended the deceased fram. saw the deceased alive an. and that in (my) (aur) opinion death occurred on the date and hour and fram the causes stated abave, (1) (we) (did) (did not view the body after death Th SIGNATUR DEGREE 22c DATE SIGNED ATTENDING MEDICAL IMPORTANT: DIRECTOR PHYSICIAN 22d. PHYS, CIAN'S NAME (TYPEOR HILL) 22e ADDRESS ld b 231. NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 23d LOCATION 23b. DATE Burial Odenton. Feb.80 AA, Maryland BP Epiphany Cemetery BY REGISTRAR 256. REDISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 16 50M 1/76 Glen Burnie (VR A 15 (4)) James S. Kirkley

STATE OF THE PROPERTY OF THE PARTY OF THE PA an Sure, or a dire at nur at passent

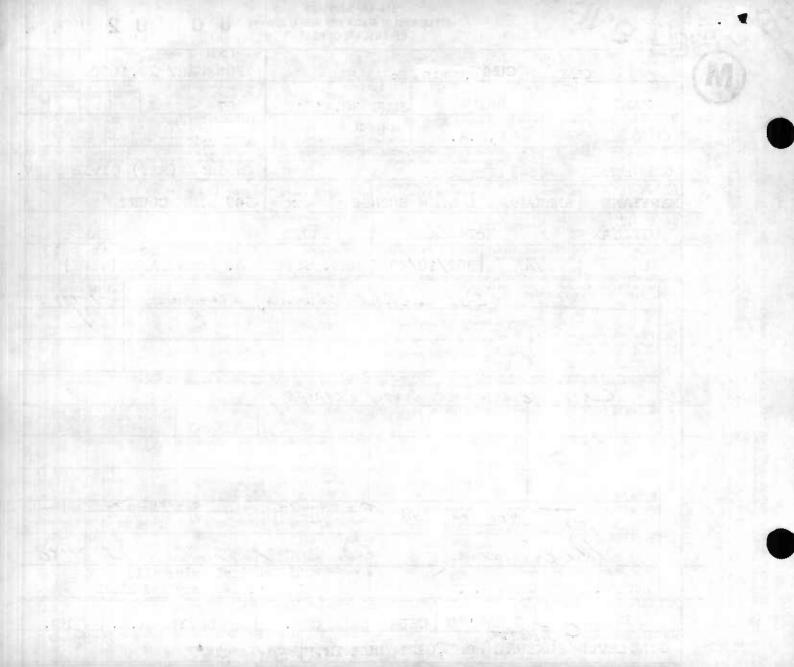


DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

- STATE

(VRA 15, 4) 1/79



11. 1/1/1 A SEE STRING SEE M W. H. H. Vertin con allow Long March China Manie - I willle Thompson JEE MILE THE STORY SERVE SERVER STREET STAND The March English Holy and the Holy and

MIDDLE

- STATE

I DECEASED NAME

REGISTRAR

INDUSTRY Auditing 1104 Rosedale Ave. Doenges Ruth Glover same as 13 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [YES [216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) COUNTY STATE and that in (my) (aur) apinian death accurred an the date and haur and fram the causes stated 22c DATE/SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN CRAIN HIGHWAY. GLEN BURNIE, MARYLAND 1061 STATE Burial Mount Olivet Cem Baltimore, Maryland 24 FUNERAL DIRECTOR ADDRESS Balto 21225 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S S **DHMH-16 25M** George J. Gonce 4001 Ritchie Hgwy (VRA 15, 4) 1/79

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

LAST

REG. NO

MONTH

1980

IF UNDER I YEAR

DAYS

2b. HOUR

HOURS

126 KIND OF BUSINESS OR

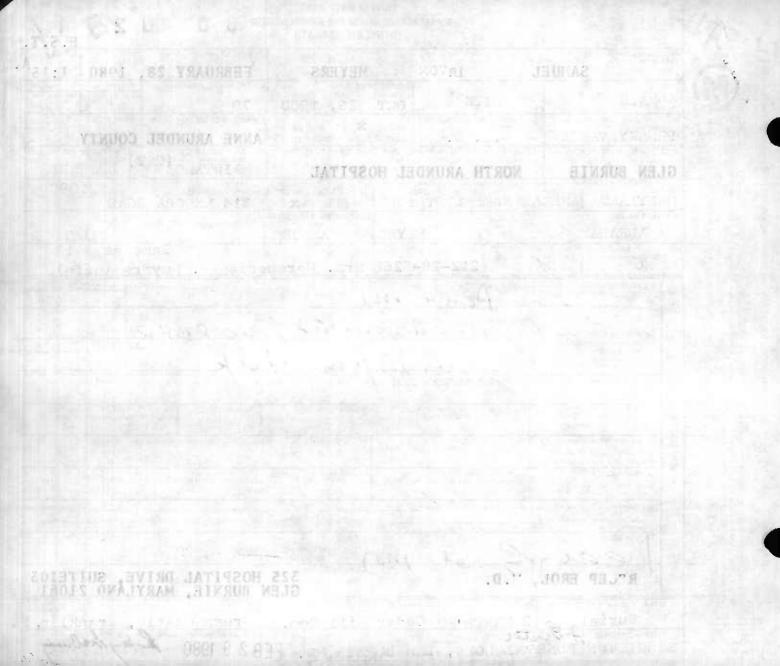
IF UNDER 24 HRS

20 DATE OF DEATH

HARRY FRANKLING MEYERS OF FEBRUERY OF TORON TO male white the leaf 26, 1867 has seen CLEM BURKIE MORTH NEW PEL HO FIT L GOORGEST AND STREET word stanklin lerce severs towing I toenes PUL J. CHEND, M. F. PLEN BURNIT, MINY, M. P. Morrisa 2/10/80 (Lount Clivet Cem solt more, maryland

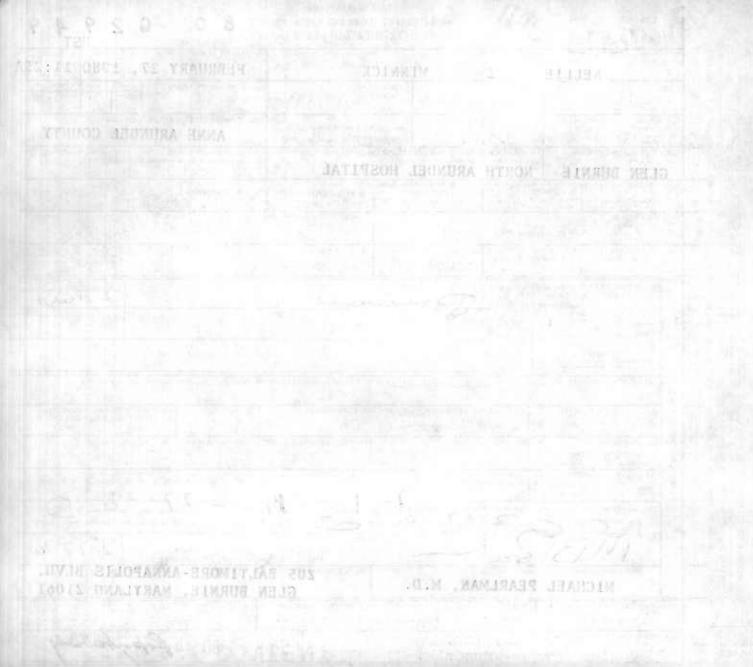
(VRA 15, 4) 1/79

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

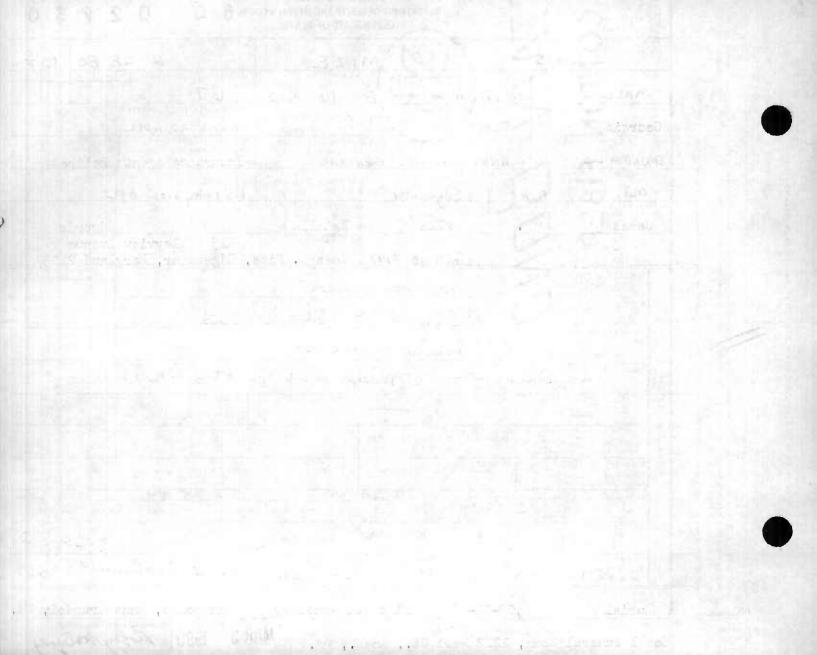


ESSKUANY 21, 1980	194414	• C 9° C	. CU 1
	AT UP L		
avis andmisi Cour			
	JATIYEDR LE	NOREL ARUN	IV. U. CL

	1			STATE OF MARYLAND	THE STATE OF	
6	1.	FOR - STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	2 9 4 9
		CEASED NAME FIRST	MIDDLE	LAST		DAY YEAR 25 HOUR
e 3 ath	(TYPE	NELLIE NELLIE	7. M	INNICK	FEBRUARY 27	, 1980 11:25A
may be page 3	3 SE		4 RACE	5 DATE OF BIRTH	& AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
in. Page 4 m director, p hours after		emale	White	2 21 1887	93 YRS	MONTHS DAYS HOURS MIN
E 200	7a. 8	RTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	BALTIMORE CITY OR COUNTY	
e funeral thin/72 h	M	aryland	U.S.A.	WIDOWED DIVORCED	ANNE ARUN	DEL COUNTY MD.
by the fulled within	1	GLEN BURNIE	11. NAME OF HOSPITAL, NURSII JIF NOT IN SUCH FACRITY, GIVE STREET NORTH ARUNDE	NG HOME OR OTHER INSTITUTION ADDRESS) L HOSPITAL	126 USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING LIF HOUSEWIFE	12h, KIND OF BUSINESS OR INDUSTRY
A SHOP	JUSU		OTHER INSTITUTION, GIVE RESIDENCE BEFOR	NE ADMISSION)	13e. STREET ADDRESS	
C = 0			timore Sparro	WS Pt. YES NOXX	726 E. Street	
withii shoul	14 F/	ATHER'S NAME		15. MOTHER'S MAIDEN NA	ME	
omplet and 2			nrad Zink	Amanda	MIDDLE	Robinson
xecu 1 ar	Iác V	WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECT		ADDRES318	Oella Avenue
be e be e ages		YES, NO OR UNKNOWN) (IF YES, GIVE	214-74-	3655 Betty Treu		o. MD 21228
ician ician rrs. P ad.			ily ane cause per line for (a), (b), or		CII. DUIC	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ohys pape imov		PART I. DEATH WAS CAUSE	DBY	id ic.		2 des 1
ing poor re		481 - IMMEDIA	TE CAUSE (o)			
dead tend carl on, trau	17	Condition it	DUE TO, OR AS A CONSEQU	ENCE OF		
at the at the at emove emati		Conditions, if ony, which gove rise to immediate	(b)			
that by the e rem		couse (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQU	ENCE OF		
ned I		DARLO GIASTO CONTESCO DE LA CONTESCO DEL CONTESCO DE LA CONTESCO DEL CONTESCO DE LA CONTESCO DEL CONTESCO DE LA CONTESCO DEL CONTESCO DE LA CONTESCO DEL CONTESCO DE LA CONTESCO DE LA CONTESCO DE LA CONTESCO DE LA CONTESCO DEL CONTESCO DE LA CONTESCO DE LA CONTESCO DE LA CONTE	(c)			
requestion in sign	Z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIV	EN IN PART I(a)
law been rior	CERTIFICATION	19a DATE OF OPERATION	19h CONDITION FOR WHICH	OPERATION WAS PERFORMED	20e AUTOPSY? 20b. IF YES	, WERE FINDINGS USED
The has be enable one presence	5	THE DATE OF GLERATION	The CONDINGITION WHICH	O EKANON WAS TEN ONNED	IN CERTIF	YING CAUSES OF DEATH?
an. it pygie	1 5	21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	71, HOW INTERVOCCUE	YES NO YE	S NO
SICI, lysici, lysici, trans tal H Item	-	OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH D	AY YEAR	NED (EMIERIANIONE OF INJUNI IN HEM 18, F.	nat i Garani 2j
Phd Hy	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	P.M.	211 LOCATION		
ING Prending free the burnand N	ME		(AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.) STREET	CITY OR TOWN	COUNTY STATE
OF ALE		AT WORK - AT WORK -		7	7.77	0
TEN lora TOR: use a Heal			tal) attended the deceased from.	19 0	10	19, thoi (1) (we) lost
Porta for for to of	d z		the body after death.	Cic, and that is (my) (our) opinion	death occurred on the date and hou	
hosp DIRI Dept.		226. SIGN TURE) 1-	DEGREE	MEDICAL STAFF	221. DATE SIGNED
TAL The RAL detach		1,017,	Soul	PHYSICIAN [QUIRECTOR PHYSICIAN	22/10
OSP od by NE Ne STA		224 PHYSICIAN'S NAME (TYPE O		220 ADDRESS 205 B	BALTIMORE-ANNAL	POLIS BLVD.
TO HOSPITAL retained by the TO FUNERAL should be detac with the State I		MICHAEL	PEARLMAN, M.	GLE GLE	N BURNIE, MARY	(LAND 21061
F 5 F € 3 ≥	23e l	BURIAL, CREMATION, REMOVAL	23b. DATE 23c	NAME OF CEMETERY OR CREMATORY	234. LOCATION	COUNTY STATE
2 2 BP		Burial	3/1/80 Sh	erwood Episcopa		
DHMH-16 25M	24 F	UNERAL DIRECTOR Duda-	Ruck, Incapper	25e. DAT	E REC'D. BY REGISTRAR 256. RESIST	RAR'S SENAMIRE
(VRA 15, 4) 1/79			enue, Dundalk,	MD 21222	2 9 1980	- Annual

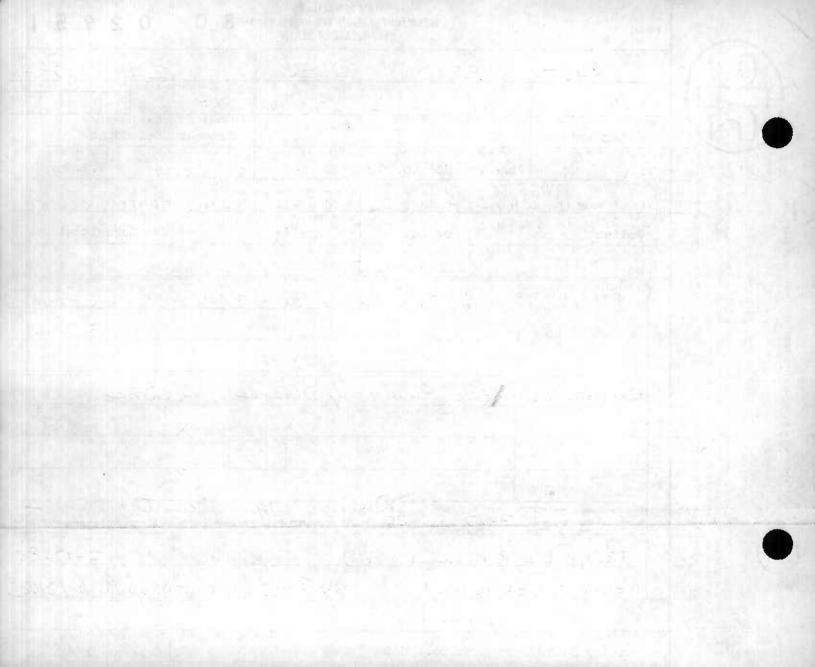


	1				STATE	OF MARYLAND					
	1.	FOR STATE REGISTRAR		DEPART		CATE OF DEAT		REG. N	0	29	5 (
		CEASED NAME FIRST		MIDDLE	U	ST				DAY YEAR	2b HOUR
	(III)	ORIS			M	178			2 :	28 80	10
40	3. SE		4 RACE		5 DATE O			AGE (IN YEARS LAST BIR	HDAY)	IF UNDER 1 YEAR	IF UNDER
110		MALE	CAUCASI	MA	MONTH 8		EAR 12	67	YRS	MONTHS DAYS	HOURS
10	7a. B	IRTHPLACE (STATE OR FOREIGN OUNTRY)		WHAT COUNTRY?	8	NEVER MARR		BALTIMORE CITY C	R COUNTY	OF DEATH	
to T	G	eorgia	USA		WIDOWE	•		ANNE AR	UNDEL	_	
Tied		ITY OR TOWN OF DEATH		HOSPITAL, NURSIN		R OTHER INSTITUTI		2a. USUAL OCCUPAT		12b. KIND OF	BUSINE
03		NNAPOLIS	ANNE	ARUNDE	L GEI	IERAL		Insurance			ed
nust be	ÚSÚ 13a.	AL RESIDENCE (IF NURSING HOME STATE 13b. COI	YINL	13c. CITY OR TOW	'N	13d INSIDE CITY LIA		3e STREET ADDRESS			
ner	14. F.	ATHER'S NAME	. А.	Edganat	G.	15. MOTHER'S MAI		115 VAILEY V	EW M	٧٤	
EN C		James	MIDDLE E	MIZE		FIRST		MIDDLE		LAST	
	_	WAS DECEASED EVER IN U.S. A		16b SOCIAL SECU	IRITY NO	Estelle		33 = TrADDRE	SS •	Edward	S
ledical		YES, NO ORUNKNOWN) (IF YES, G	IVE WAR OR DATES)				261	115 Valli			
the n		NO 18 CAUSE OF DEATH (Enter		254-10-		Inez L.	FILZe	. Edgewate	r, Mai	APPROXIM BETWEEN ON	
atic event, t	N	PART I. DEATH WAS CAU	ATE CAUSE (0)	R AS A CONSEQUE			<u> </u>				
anu		Conditions, if any, which				sulos	- Ra	Kabe			
a coule	H	gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OI	R AS A CONSEQUE	NCEOF	aron					
	N N	PART 2 OTHER SIGNIFICANT					HETERMIN	AT DISEASE OR COM	DIJON GIV	EN IN PART 110	
any	CERTIFICATION	190. DATE OF OPERATION	19b CONDI	TION FOR WHICH	OPERATION	WAS PERFORMED)	20a. AUTOPSY?	20b. IF YES	, WERE FINDING	SS USE
swood 2	Ĕ	6		40				YES NO		YING CAUSES C	NO T
9	E E	210. ACCIDENT WAS UNDERLYING	21b. TIME O		VEAR.	21c. HOW INJURY	OCCURRE	D (ENTER NATURE OF INJUR	Y IN ITEM 18, P	PART 1 OR PART 2)	
E 4	N. N.	OR CONTRIBUTING CAUSE OF D	EAID		AY YEAR						
è	MEDICAL	21d INJURY OCCURRED	21e PLACE	OF INJURY		21f. LOCATION		CITY OR TOV	/N	COUNTY	51
marked	Σ	AT WORK NOT WHILE AT WORK	(AT HOME, STR	ELI, FACTORT, OFFICE, F	ARM, ETC.)	-		CITT OR TOV		2001411	51
is ma		22a.l certify that (I) (this has	potel) attended the		5-36	-80 . 19		, to 2-28-	80	19, th	ot (I) 4
21		sow the deceased alive a above, (I) (we) (did) (did)	7-26-6	ofter death	, on	d that in (my) (our)	opinion de	oth occurred on the de	ote and hou	r and from the co	ouses sto
If Hem		22b. SIGNATURE	Or rew line body	oner death.		REE				22c. DATE S	IGNED
ton.		tento	While	0	my	ATTEN PHYSI		MEDICAL STAI		9-20	9-8
MPORTANT	1	22d. PHYSICIAN'S NAME (TYPE	OR PRINTS	0	1	22e ADDRESS		200	10	100	1
1		ERROLA.	J611	, DMG	y	134. Du	ead	illeld W	Sirked	milad	(30
-	230	BURIAL, CREMATION, REMOVA	73b. DATE	23c N	NAME OF CE	METERY OR CREMA		123d. LOCATION			
	(SPECIFY) Burial	2,03-02-			st Cemete		Annapoli	s. Ani	ne Amind	e]m
-	24 F	UNERAL DIRECTOR	1010	20.11			25a. DATE	REC'D. BY REGISTRAR			
6		NAME Tuneral Ho	put 1294	Tille and St	A 2020	7.5	MA	R 3 1980	2	tru hal	



					OF MARYLAND	0 0	
	1.	FOR STATE REGISTRAR	DEP		EALTH AND MENTAL HYO ICATE OF DEATH		02951
	I DE	CEASED NAME FIRST	MIDDLE		AST	REG. NO.	H DAY YEAR 26 HOUR
\$7		OR PRINT)	The second secon	Ma	ELLED	28 DATE OF DEATH	17 80 08 1
	1	KURT	J	1100	-L-CCK		IF UNDER I YEAR IF UNDER 24 HRS
	3 SE.	M	4 RACE	5. DATE C	DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN
		14	W	12	27 96		YRS.
- Conce		RTHPLACE (STATE OR FOREIGN DUNTRY)	76 CITIZEN OF WHAT COUN	ITRY? 8 MARRIEI	NEVER MARRIED	9. BALTIMORE CITY OR CO	
÷//	/	Germany	USA	WIDOWE	D DIVORCED	Anne Arunde	- ////
5	10. CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NI (IF NOT IN SUCH FACILITY, GIVE Anne Arundel	JRSING HOME C	ROTHER INSTITUTION	120 USUAL OCCUPATION (TYP) OF WORK FOR MOST OF WORK	(ING LIFE) 126 KIND OF BUSINESS OR INDUSTRY U.S. Navy
9	111511	AL RESIDENCE (IF NURSING HOME O			stat	Thusicist	U.B.Navy
1 20 1	13a S	TATE 13b COU	NTY 130. CITY OR	TOWN	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	A I
E	1 (1	laryland HAN	e Hrundell Ann	appolis	YES NO	13247 Ha	iness Creek
E .	14. FA	THER'S NAME Julius	MIDDLE MOELAS	0	15 MOTHER'S MAIDENNA Amalie	WIDDLE	Schmeltzeisen
0-4							Schmeitzeisen
medico)		VAS DECEASED EVER IN U.S. AI ES, NO OR UNKNOWN) (IF YES, GIV	VE WAR OR DATES)	SECURITY NO.	17 INFORMANT	ADDRESS	
		No	212-3	32-3275			
event, the		18 CAUSE OF DEATH (Enter o	inly one cause per line for (a), (o', andici	Λ .		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ven		PART I. DEATH WAS CAUS	ATE CAUSE (0) Bilate	jal 1300	ouchopner	morga	3 Days
		4971	DUE TO, OR AS-A CONS	SEQUENCE OF			
raumatic	1	Conditions, if ony, which	(ib) . I	NFLUE	FNZa		3 Days
		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONS	EQUENCE OF			
other		underlying couse last	(c)	EGGETACE OF			
y, or		PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITIO	N GIVEN IN PART 1(0)
injury.	N N	Chonic Obs	muctive to	il mone	ary Disea	se ; Hoth	ma
any	CERTIFICATION	19a. DATE OF OPERATION	19b. CONDITION FOR W	HICH OPERATIO	N WAS PERFORMED		IF YES, WERE FINDINGS USED
Swo	ÀĚ	3.6				YES NO NO	YES NO
ked or Item 18 shows	W W	21a. ACCIDENT WAS UNDERLYING		VE15	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN IT	EM 18, PART 1 OR PART 2)
or Item 1		OR CONTRIBUTING CAUSE OF DE		DAY YEAR			
5	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY		21f LOCATION		
	×	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, O	FFICE, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY STATE
morked		22a certify that (1) (this has)	attended the deceased t	DOG	10 76	2 10 Tremy	. 19, that (I) (we) last
.2		sow the deceased alive o	A	0 -	d that in (my) (our) opinion	death occurred on the date an	d hour and from the couses stated
Item 2		above, (I) (we) (did) (did n 22b. SIGNATURE	et) view the body after death.		DEGREE		224. DATE SIGNED
IMPORTANT; If Hem 2		Poto E1/		100	ATTENDING .	MEDICAL STAFF	2 12 82
MPORTANT; IF	4 .	22d, PHYSICIAN'S NAME (TYPE)	oro un	> M	PHYSICIAN Dize. ADDRESS	DIRECTOR PHYSICIAN	1 2-1/-00
RTA		120. PHYSICIAN'S NAME (TYPE	1		LILLA TEN A	0 . 1	1 1/2 / 1/2 / 2
Od /		LEIEKL.	ERKOUW		1919 rorest	onve tonh	op ulus MC1 21402
7	23a. 8	URIAL, CREMATION, REMOVA		23c. NAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
		Removal	2/17/80				
76	24. F	INERAL DIRECTOR	ADDRE	SS	1	TE REC'D. BY REGISTRAR 25b. R	. / ~
)		Anatomy Board	Balto.	, Md.		FB 2 2 1980	perfry Mc Cready

ь



Hardesty FH, 12 Ridgely Ave; Annapolis, Md. 21401

FOR - STATE

24 FUNERAL DIRECTOR

DHMH - 16 50M 7/77 (VR A 15 (4))

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

2b. HOUR

1220

NO [

2Feb80

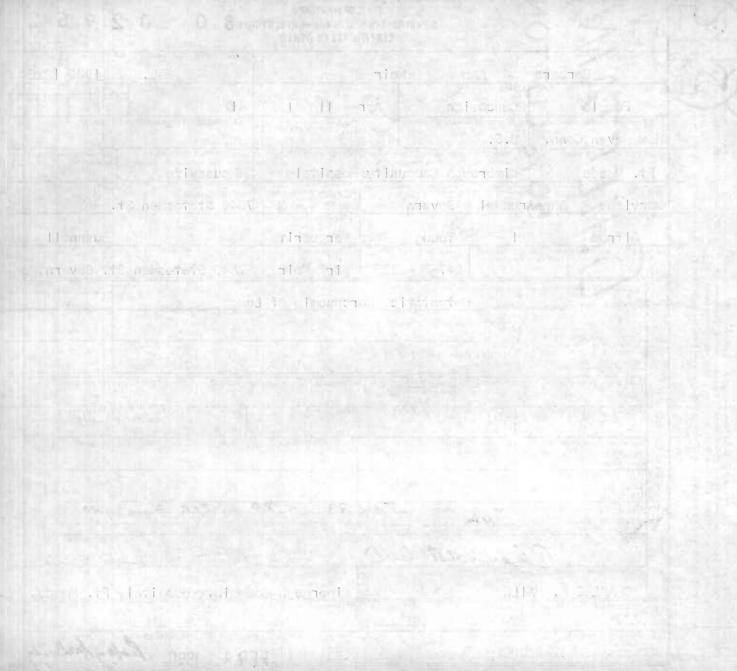
25a. DATE REC'D. BY REGISTRAR 25b. REGIS

STATE

STATE

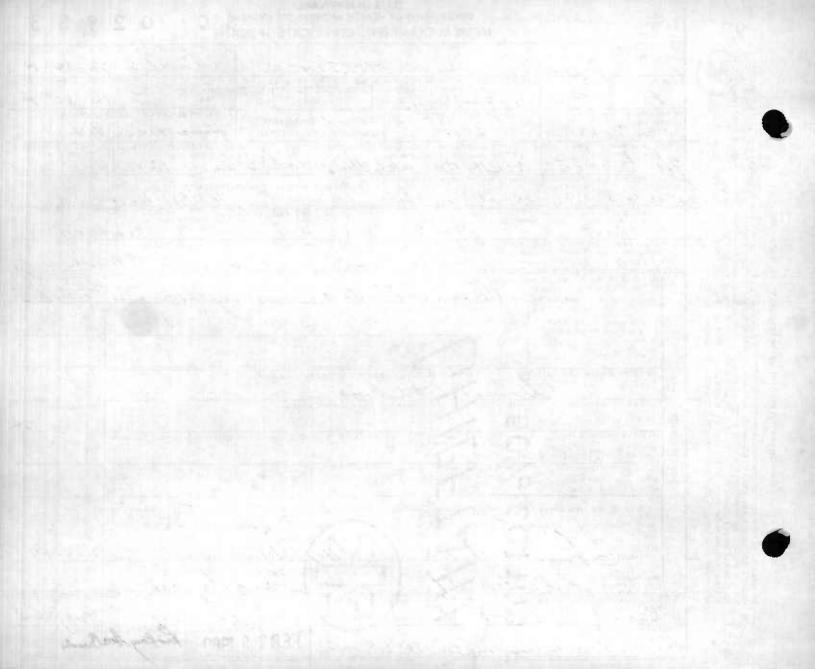
Conn

IF UNDER 24 HPS



13. SEX RACE 5 DAME OF BIRTH 10 AGE INVERSE 16 UDDER 17 M. 17 UNDER 24 HRS. 17 DATE 18 AGE INVERSE 18 UDDER 17 M. 18 UNDER 24 HRS. 17 DATE 18 AGE INVERSE 18 UDDER 17 M. 18 UNDER 24 HRS. 17 DATE 18 AGE INVERSE 18 UDDER 17 M. 18 UNDER 24 HRS. 18 DATE 18 AGE INVERSE 18 DATE 18 AGE INVERSE 18 AGE INVERSE	REGISTRAN REDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO IDECTAGE NAME REG. NO IDECTAGE RESTI- DEATH MARED REG. NO RE	1 FC		DEPARTMENT OF HEALTH AND MENTAL HYGIENE 0 2	953
1. Sex 1. Race 3. DME OF BIRTH 1. Sex	SEX 4 RACE S. D.ME OF BIRTH S. D.ME BIRTH S			MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	, 5 0
3 SEX 4 RACE S DEATH MATED 2 2 2 6 19 0 7 19 19 19 19 19 19 19 19 19 19 19 19 19	3 SEX 4 RACE S.DME OF BIRTH VEW SAME SAME SAME SECURITY NO. 11 SECONDITION OF SERVING SAME SAME SECURITY NO. 12 SECURITY NO. 12 SECURITY NO. 13 SERVET ADDRESS OF CONDITION OF SERVET AND SECURITY NO. 13 SERVET ADDRESS OF CONDITION OF SERVET AND SERVET AN		THE PARTY OF THE P	THE DATE KING WITH I MOINT	DAY YEAR 26. HOUR
16. BIRTHPIACE (STATE OR 17. AND	16. BIRTHPIACE (STATE OR 17. AND			thy L. MORTINER DEATH MATED 2 :	26 1980 B
B. BRITHPIACE (STARCOR ORDER) 10. CITIZEN OF WHAT COUNTRY? 11. MARRIED NEVER MARRIED DIVORCED 12. BANTIMORE CITY OR COUNTY OF DEATH 13. CITY OR TOWN OF DEATH 14. MARRIED NEVER MARRIED DIVORCED 15. BANTIMORE CITY OR COUNTRY OF DEATH 16. CITY OR TOWN OF DEATH 17. BANTIMORE CITY OR COUNTRY OF DEATH 18. CITY OR TOWN OF DEATH 19. BANTIMORE CITY OR COUNTRY 19. BAN	B. BRITHPLACE (STARCOR OR JOSEPH COUNTRY) B. BRITHPLACE (STARCOR OR JOSEPH COUNTRY) B. MARRIED NEVER MARRIED DIVERTING RECITY OR COUNTRY OF DEATH MIDOWED DIVER MARRIED DIVER OF WORK 128. KIND OF BUSINESS OR INDUSTRY MIDOWED DIVER INSURING HOME, OR OTHER INSTITUTION, TOWN OF THE SHEET ADDRESS) OR INDUSTRY MIDOWED DIVER IN NUMBERS OF HOME FOR THE ADDRESS OR INDUSTRY MIDOWED DIVER IN NUMBERS OF HOME FOR THE ADDRESS OR INDUSTRY MIDOWED DIVER IN NUMBERS OF HOME FOR THE ADDRESS OR INDUSTRY MIDOWED DIVER IN NUMBERS OF MARKED DIVER IN NUMBERS OF MARKSON IN DISTRY MIDOWED DIVER IN NUMBERS OF MARKED DIVER IN NUMBERS OF MARKSON IN DISTRY MIDOWED DIVER IN NUMBERS OF MARKED DIVER IN NUMBERS OF MARKSON IN DISTRY MIDOWED DIVER IN NUMBERS OF MARKED DIVER IN NUMBERS OF MARKSON IN DISTRY MIDOWED DIVER IN NUMBERS OF MARKED DIVER IN NUMBERS OF MARKSON IN DISTRY MIDOWED DIVER IN NUMBERS OF MARKED DIVER IN NUMBERS OF MARKSON IN DISTRY MIDDER MASS DECRASED EVER IN U.S. ARMED FORCES? (18) SOCIAL SECURITY NO IN MASS DECRASED EVER IN U.S. ARMED FORCES? (18) SOCIAL SECURITY NO IN MASS DECRASED EVER IN U.S. ARMED FORCES? (18) SOCIAL SECURITY NO IN MASS DECRASED EVER IN U.S. ARMED FORCES? (18) SOCIAL SECURITY NO IN MASS DECRASED EVER IN U.S. ARMED FORCES? (18) SOCIAL SECURITY NO IN MASS DECRASED EVER IN U.S. ARMED FORCES? (18) SOCIAL SECURITY NO IN MASS DECRASED EVER IN U.S. ARMED FORCES? (18) SOCIAL SECURITY NO IN MASS DECRASED EVER IN U.S. ARMED FORCES? (18) SOCIAL SECURITY NO IN MASS DECRASED EVER IN U.S. ARMED FORCES? (18) SOCIAL SECURITY NO IN MASS DECRASED EVER IN U.S. ARMED FORCES? (18) SOCIAL SECURITY NO IN MASS DECRASED EVER IN U.S. ARMED FORCES? (18) SOCIAL SECURITY NO IN MASS DECRASED EVER IN U.S. ARMED FORCES? (18) SOCIAL SECURITY NO IN MASS DECRASED EVER IN U.S. ARMED FORCES? (18) SOCIAL SECURITY NO IN MASS DECRASED EVER IN U.S. ARMED FORCES? (18) SOCIAL SECURITY NO IN MASS DECRASED EVER IN U.S. ARMED FORCES? (18) SOCIAL SECURITY NO IN MASS DECRASED EVER IN U.S. ARMED FORCES? (18) S	SEX		MONTH DAY YEAR LAST BIRTHDAY) MONTHS DAYS HOURS MAN PRONOLINGED	24. 1100K
AARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NOTICE NOTICE MARRIED NOTICE NOTICE MARRIED NOTICE NOT	MARRIED NORCED MARRIED MARRI	_/		11-27-36 4.3 YRS. DEAD 2	
CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 126 USUAL OCCUPATION (1796 of work 178 WINDOFF BUSINESS 178 WINDOFF W	CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (PARCET) CORREST OF WORK OF	FORE	IGN COUNTRY)	MARRIED NEVER MARRIED	/ /
OR INDUSTRY JOURNAL DE COLORY	PART I DEATH (Enter only one cause per line for (o), (b), and (c) part in yes go to immediate cause (o) staining the moder of the staining to death but not related to the terminal disease or conditions, if ony, which gave rise to immediate cause (o) staining the moder lying cause lost. The state of the provided of the provided of the period of the state of the terminal disease or conditions, if ony, which gave rise to immediate cause (o) staining the underlying cause lost. The state of the provided of the provided of the period of the period of the period of the state of the terminal disease or conditions of the period				MD.
SUAL RESIDENCE (# IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE MEFORE ADMISSION) 18. STATE 18. COUNTY 18. CITY OR TOWN 18. MISTER 18. MODIE 18. MOTHER'S MAIDEN NAME 18. MODIE 18. MODIE 18. MOTHER'S MAIDEN NAME 18. MODIE 18. MODIE 18. MOTHER'S MAIDEN NAME 18. MODIE 18. MODIE 18. MOTHER'S MAIDEN NAME 18. MODIE 18. MODIE 18. MODIE 18. MODIE 18. MODIE 18. MOTHER'S MAIDEN NAME 18. MODIE 19. MODIE 19. CONDITIONS (DIRRIPHING DEATH BUT NDT RELATED TO THE TERMINAL DISEASE OR (DINDITION IN THE NATE OF POURTY IN THE MIS PART I OR PART I	SUAL RESIDENCE (# IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 18. STATE 18. COUNTY 18. CONTRIBUTION 18. COUNTY 18. MODIE 18. MOTHER'S MAIDEN NAME 18. MOTHER'S 18. MOTHER'S MAIDEN NAME 18. MOTHER'S MAIDEN NAME 18. MOTHER'	1/	b :-	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE)	OR INDUSTRY
MILE ATHER'S NAME MODIE MODI	MILE ATHER'S NAME MIDDLE MID		RESIDENCE (IF IN NURSING HOME O	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	Westinghanst
4. FATHER'S NAME FIRST F	4. FATHER'S NAME PREST PATH (S. NAME PATH (S. NAME PREST PATH (S. NAME PATH (S. NAME PREST PATH (S. NAME P				1 81
186. WAS DECEASED EVER INU.S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 186. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c). PART I DEATH WAS CAUSED BY: 187. CONTRIBUTING OR 188. CONSEQUENCE OF 188. CONSEQUENCE OF (c) 198. CONDITION FOR WHICH OPERATION WAS PERFORMED? 210. EXTERNAL CAUSE WAS 210. EXTERNAL CAUSE WAS 210. EXTERNAL CAUSE WAS 210. EXTERNAL CAUSE WAS 210. EXTERNAL CAUSE OF DEATH 210. EXTERNAL CAUSE WAS 210. EXTERNAL CAUSE WAS 210. EXTERNAL CAUSE WAS 210. EXTERNAL CAUSE OF DEATH 210. EXTERNAL CAUSE WAS 210. EXTERNAL CAUSE WAS 210. EXTERNAL CAUSE WAS 210. EXTERNAL CAUSE OF DEATH 210. AUTOPSY? 210. EXTERNAL CAUSE WAS 210. EXTERNAL CAUSE WAS 210. EXTERNAL CAUSE OF DEATH 210. AUTOPSY? 210. EXTERNAL CAUSE WAS 210. EXTERNAL CAUSE OF DEATH 210. AUTOPSY? 2110. EXTERNAL CAUSE OF DEATH 2110. AUTOPSY? 2110. EXTERNAL	166. WAS DECEASED EVER INU.S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 16 CAUSE OF DEATH (Enter only one cause per line for (o), (b), ond (c)) PART I DEATH WAS CAUSED BY: 17 INFORMANT 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), ond (c)) PART I DEATH WAS CAUSED BY: 19 Information of the part of the part of the remainder of the part of the part of the remainder of the part of the part of the remainder of the part of th		HER'S NAME	15. MOTHER'S MAIDEN NAME	co na
Max Decease Dever In U. S. Armed Forces? (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 166. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 187. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 12-34-5032 Georgy B. Mortimer Jr. 17 4/504/Three Proceedings 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), ond/c) PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (OF Conditions, if only, which gave rise to immediate cause (o) stating the underlying cause lost. (c) DUE TO, OR AS A CONSEQUENCE OF (c) DUE TO, OR AS A CONSEQUENCE OF (c) PART 2 DIHER SIGNIE/CANT (ONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (o). (c) PART 2 DIHER SIGNIE/CANT (ONDITIONS CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES NO PROCEED (ENTER NATURE OF INJURY HOUR A.M. MONTH DAY YEAR CONTRIBUTING OR CAUSE OF DEATH P.M. 19 216. NOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 216. NOW INJURY OCCURRED 216. PLACE OF INJURY (AT HOME, 21f. LOCATION 216. NOOR INJURY OCCURRED 216. PLACE OF INJURY (AT HOME, 21f. LOCATION 216. PLACE OF INJURY (AT HOME) (AT HOME) (AT HOME) (Max Decease Dever In U. S. Armed Forces? (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 166. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), ond(c) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (OF Conditions, if ony, which gave rise to immediate cause (o) stating the underlying cause lost. OUE TO, OR AS A CONSEQUENCE OF OUE TO,		FRANK		
18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c). PART I DEATH WAS CAUSED BY: (Conditions, if ony, which gave rise to immediate cause (o) to immediate cause (o) stating the under-lying cause lost. (c) PART 2 DIHER SIGNIEICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR (DINDITION GIVEN IN PART 1 (a). (c) PART 2 DIHER SIGNIEICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR (DINDITION GIVEN IN PART 1 (a). (c) PART 2 DIHER SIGNIEICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR (DINDITION GIVEN IN PART 1 (a). (c) PART 2 DIHER SIGNIEICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR (DINDITION GIVEN IN PART 1 (a). (c) PART 2 DIHER SIGNIEICANT CONDITIONS CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED? 210. EXTERNAL CAUSE WAS 210. TIME OF INJURY HOUR A.M. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH P.M. 19 216. FLACE OF INJURY (AT HOME. 2116. LOCATION	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (of the couse of conditions) if only, which gave rise to immediate couse (o) stating the under-lying cause last. (c) PART 2 DIHER SIGNIEI(ANT CONDITIONS CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED? 190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED? 210. EXTERNAL CAUSE WAS 210. TIME OF INJURY HOUR A.M. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH P.M. 190. CONTRIBUTING CAUSE OF DEATH P.M. 191. PLACE OF INJURY (AT HOME, 21f. HOOK INJURY) (AT HOME, 21f. LOCATION 21f. LOCATION 21f. LOCATION 21f. LOCATION 21f. LOCATION 21f. LOCATION	6a. WA		MED FORCES? 166. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS	4,747
PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (DATA DE CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a) stating the under-lying cause last. PART 2 DIHER SIGNIFICANT (ONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). PART 2 DIHER SIGNIFICANT (ONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). PART 2 DIHER SIGNIFICANT (ONDITIONS CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED? 19d. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 21a. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING OR CONTRIBUTING CAUSE OF DEATH P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME. 21f. LOCATION	PART I DEATH WAS CAUSED BY: MMEDIATE CAUSE (OF Conditions, if ony, which gave rise to immediate cause (o) starting the under-lying cause last. Part 2 Differ Significant (OnDitions Contributing to Death But not related to the terminal disease or Condition Given in Part 1 (a). Part 2 Differ Significant (OnDitions Contributing to Death But not related to the terminal disease or Condition Given in Part 1 (a). Part 2 Differ Significant (OnDitions Contributing to Death But not related to the terminal disease or Condition Given in Part 1 (a). Part 2 Differ Significant (OnDitions Contributing to Death But not related to the terminal disease or Condition Given in Part 1 (a). Part 2 Differ Significant (OnDitions Contributing to Death But not related to the terminal disease or Condition Given in Part 1 (a). Part 2 Differ Significant (OnDitions Contributing to Death But not related to the terminal disease or Condition Given in Part 1 (a). Part 2 Differ Significant (OnDitions Contributing to Death But not related to the terminal disease or Condition Given in Part 1 (a). Part 2 Differ Significant (OnDitions Contributing to Death But not related to the terminal disease or Condition Given in Part 1 (a). Part 2 Differ Significant (OnDitions Contributing to Death But not related to the terminal disease or Condition Given in Part 1 (a). Part 2 Differ Significant (OnDitions Contributing to Death But not related to the terminal disease or Condition Given in Part 1 (a). Part 2 Differ Significant (OnDitions Contributing to Death But not related to the terminal disease or Condition Given in Part 1 (a). Part 2 Differ Significant (OnDitions Contributing to Death But not related to the terminal disease or Condition Given in Part 1 (a). Part 2 Differ Significant (OnDitions Contributing to Death But not related to the terminal disease or Condition Given in Part 1 (a). Part 2 Differ Significant (OnDitions Contributing Given in Part 1 (a). Part 2 Differ Significant (OnDitions Contribution Given			- 212-34-5032 George B. Martimer JR. 184.	SOUTHWOOD Rd
DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a) stating the underlying cause last. PART 2 DIHER SIGNIE (CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). PART 2 DIHER SIGNIE (CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 21a. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING OR CONTRIBUTING CAUSE OF DEATH P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, 21f. LOCATION)	DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a) stating the underlying cause last. PART 2 DTHER SIGNIEICANT CONDITIONS CONTRIBUTIONS CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED? 190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED? 210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING OR CONTRIBUTING OR CONTRIBUTING OR CONTRIBUTING OR CONTRIBUTING CAUSE OF DEATH P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (ATHOME, 21f. LOCATION	1/	8 CAUSE OF DEATH (Enter on	ly ane cause per line for (o), (b), and (c))	APPROXIMATE INTERVAL BETWEEN ONSET AND BEATH
Conditions, if ony, which gave rise to immediate cause (o) starting the underlying cause last. (c) PART 2 DIHER SIGNIEICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g). 196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING OR CONTRIBUTING CAUSE OF DEATH P.M. 19 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME. 21f. LOCATION	Conditions, if ony, which gave rise to immediate cause (o) stating the underlying cause last. (c) PART 2 DTHER SIGNIEICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). 196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING OR CONTRIBUTING CAUSE OF DEATH P.M. 19 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR P.M. 19 21c. PLACE OF INJURY (AT HOME, 21f. LOCATION)			TE CAUSE of France Uso Unedered Chilmonery Olfsane	months.
GOVER FISH TO IMMEDIATE OF DUE TO, OR AS A CONSEQUENCE OF Lying cause (a) stating the under- Lying cause (a) stating the under- Lying cause last. (c) PART 2 DTHER SIGNIE!(ANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). 19d. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 21d. EXTERNAL CAUSE WAS 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR CONTRIBUTING OR CAUSE OF DEATH P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, 21f. LOCATION)	Gave rise to immediate cause (a) stating the under-lying couse last. PART 2 DIHER SIGNIEICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). 196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING OR CONTRIBUTING CAUSE OF DEATH P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, 21f. LOCATION)		476	DUE TO, OR AS A CONSEQUENCE OF	
PART 2 DTHER SIGNIEICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 21a. EXTERNAL CAUSE WAS 12b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR CONTRIBUTING OR CONTRIBUTING CAUSE OF DEATH P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, 21f. LOCATION)	PART 2 DTHER SIGNIEICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). PART 2 DTHER SIGNIEICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). PART 2 DTHER SIGNIEICANT CONDITIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED? PART 2 DTHER SIGNIEICANT CONDITIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES NO YES YES NO YES YES NO YES		gave rise to immediate) (b)	
PART 2 DTHER SIGNIEICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g). 19d. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 21d. EXTERNAL CAUSE WAS 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR CONTRIBUTING 0 CAUSE OF DEATH P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, 21f. LOCATION)	PART 2 DTHER SIGNIEICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). 196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR CONTRIBUTING OR CONTRIBUTING CAUSE OF DEATH P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, 21f. LOCATION			DUE TO, OR AS A CONSEQUENCE OF	
19d. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 21d. EXTERNAL CAUSE WAS 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR CONTRIBUTING OR CONTRIBUTING CAUSE OF DEATH P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, 21f. LOCATION	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES NO YES YES NO YES			(c)	
UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, 21f. LOCATION)	UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, 21f. LOCATION		ART 2 DTHER SIGNIEICANT CONDITIONS	CONTRIBUTING TO DEATH OUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	
UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, 21f. LOCATION)	UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, 21f. LOCATION	1 E	,		
UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, 21f. LOCATION)	UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, 21f. LOCATION	S	70. DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, 21f. LOCATION	UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, 21f. LOCATION	E -	1- EVTERNIAL CALISE WAS	AN THE OF NUMBER	
CONTRIBUTING CAUSE OF DEATH P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (ATHOME, 21f. LOCATION	CONTRIBUTING CAUSE OF DEATH P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (ATHOME, 21f. LOCATION		INDERLYING OR	HOUR A.M. MONTH DAY YEAR	2)
WHILE NOT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE	WHILE AT WORK AT WORK AT WORK TO STREET, FACTORY, FARM, ETC.) STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE	S C	ONTRIBUTING CAUSE OF I		
	AT WORK AT WORK	WED			NTY STATE
22a. I certify that I took charge of the remains described above, held an Autapsy . Inspection . Inquiry . and in my opinion			death resulted from: Natur		
			45/		
death resulted from: Natural causes . Accident . Suicide . Homicide . Undetermined manner .	death resulted from: Natural causes . Accident ., Suicide ., Homicide . Undetermined manner .,				2.26.50
death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined manner ,	death resulted from: Natural causes . Accident . Suicide . Homicide . Undetermined manner ., TITLE (SPECIFY)		0,10	MILDICAL EXAMINER SIGNED	
death resulted from: Natural causes . Accident . Suicide . Homicide . Undetermined manner . ACTUAL SIGNATUR . M.D. Defer 199 MEDICAL EXAMINER SIGNED 2.26. 50	death resulted from: Natural causes . Accident . Suicide . Homicide . Undetermined manner . ACTUAL SIGNATUR . M.D. Deput of MEDICAL EXAMINER . SIGNED 2.26. FO	(T	KAMINER'S NAME	what . ADDRESS Francis hel	
death resulted from: Natural causes . Accident . Suicide . Homicide . Undetermined manner . ACTUAL SIGNATURE . M.D. Dapu of MEDICAL EXAMINER SIGNED 2.26. FO EXAMINER'S NAME .	death resulted from: Natural causes . Accident . Suicide . Homicide . Undetermined manner . ACTUAL SIGNATURE SIGNATURE . M.D. Deput of MEDICAL EXAMINER SIGNED 2.26. FO EXAMINER'S NAME .	23a, BUR	IAL, CREMATION, REMOVAL 12	3b. DATE 23c. NAME OF CEMETERY OR CREMATORY 20. LOCATION	
death resulted from: Natural causes . Accident . Suicide . Homicide . Undetermined manner . ACTUAL SIGNATUR . M.D. Deput of MEDICAL EXAMINER . SIGNED 2:26.50 EXAMINER'S NAME . ADDRESS	death resulted from: Natural causes . Accident . Suicide . Homicide . Undetermined manner . ACTUAL SIGNATUR . M.D. Deput of MEDICAL EXAMINER SIGNED 2.26. 50 EXAMINER'S NAME (TYPE OR PRINT) . ADDRESS . ADD	(SPEC	SID.	3-3-80 BAITIMAN NATIONAL CONTENT CHY ORTOWN COUNT	MARY LAND
death resulted from: Natural causes . Accident . Suicide . Homicide . Undetermined manner . ACTUAL SIGNATUR . M.D. Deput of MEDICAL EXAMINER SIGNED 2:26.50 EXAMINER'S NAME . ADDRESS .	death resulted from: Natural causes . Accident . Suicide . Homicide . Undetermined manner . ACTUAL SIGNATUR . M.D. Deput of MEDICAL EXAMINER . SIGNED 2.26. FO EXAMINER'S NAME . ADDRESS . ACCIDENT				1 /1/14 ///
death resulted from: Natural causes . Accident . Suicide . Homicide . Undetermined manner . ACTUAL SIGNATUR . M.D. Dopu of MEDICAL EXAMINER . SIGNED 2: 2 6. 50 EXAMINER'S NAME . ADDRESS . ADDRES	death resulted from: Natural causes . Accident . Suicide ., Homicide .: Undetermined manner ., ACTUAL SIGNATUR . M.D MEDICAL EXAMINER . SIGNED 26. FO EXAMINER'S NAME (TYPE OR PRINT) . ADDRESS . ADDRESS . ADDRESS . SIGNED 26. FO 236. BURIAL CREMATION, REMOVAL 236. DATE 236. NAME OF CEMETERY OR CREMATORY COUNTY STATE				GNATURE

STATE OF MARYLAND



STATE OF MARYLAND

FOR

E III E III E STATE OF THE STAT W. W. DET LESS TOWN DE MADE TO SEE STEEL MADE E ALLE STREET OF CHARLES AND THE PARTY BROWLIA TE THE THE PERFE FILL IN LETTERS SOMES THEN BEFORE 37 - 37 CHANGTION ONE / TO GREEN MOUNT BULLES JOHN

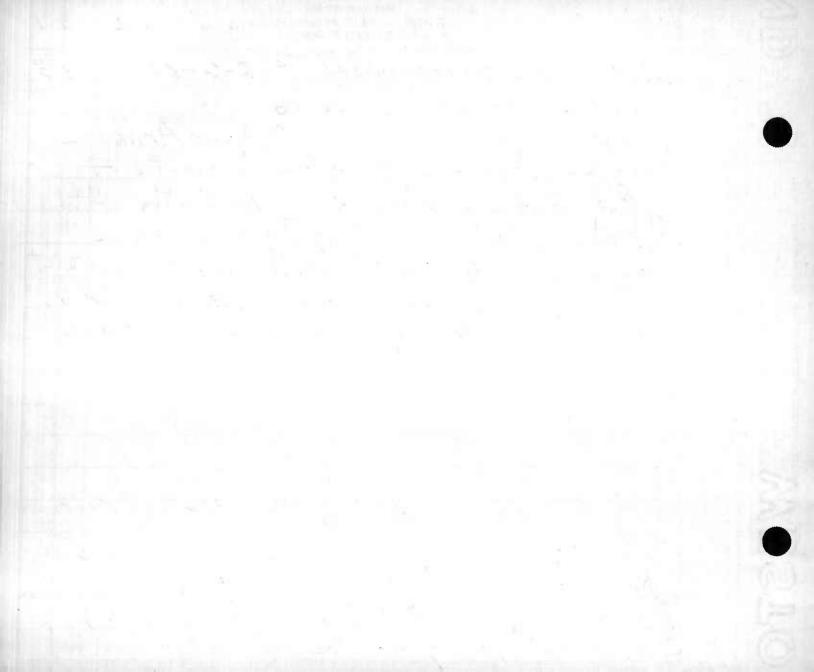
				STATE OF MARTLAND	77h	- 12 · · · · · · · · · · · · · · · · · ·
	1	FOR STATE REGISTRAR	DEPAR	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH		0295
	-				REG. NO.	
		CEASED NAME FIRST	sept H	Moulden	20 DATE OF DEATH MONTH	14/80 12
	3. SE	Х	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER
		male	Black	A OF 18		MONTHS DAYS HOURS
0) 1		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	9. BALTIMORE CITY OR CO	
11		MARYLAND	USA	WIDOWED DIVORCED	ANNE ARUNDE	L COUNTY
53	1	Mnasolis		CENERAL HOSPITAL	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK	12b. KIND OF BUSINE INDUSTRY
U	USU		OTHER INSTITUTION, GIVE RESIDENCE BEFO		13e. STREET ADDRESS	
50	-	MD A	Anne	1 - 100	1145	hadison St.
	14. F.	ATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN NA	AME	
121		THOMAS	MOULD		MIDDLE	PETERS
		VAS DECEASED EVER IN U.S. AR	MED FORCES? 16b. SOCIAL SEC	URITY NO. 17. INFORMANT	ADDRESS	
		NO CONTROL (IF 163, GIV	214 - 6	2-1455 EVA M. HARRI	IS 18 Parole St	. Annapolis.
E V		18 CAUSE OF DEATH (Enter or	lly one cause per line far (o), (b), a			APPROXIMATE INTE
		PART I. DEATH WAS CAUSE	DBY: Acut	e Myscendial	Frenchin	16.
		LL 1 1			//	
		Conditions, if ony, which	DUE TO, OR AS A CONSEQU	man Arten	. Mostare	line Str
		gave rise to immediate	(b) <u>CC/VC</u>	1		1
		couse (0), stating the underlying cause last.	DUE TO, OR AS A CONSEQU	JENCE OF		
5	11-	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OF CONDITION	N GIVEN IN PART 1161
, kolu	Z					
	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED		IF YES, WERE FINDINGS USE
2	E				YES TI NOT INC	CERTIFYING CAUSES OF DEA
9	EE I	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITE	
7		OR CONTRIBUTING CAUSE OF DE				
	MEDICAL	21d. INJURY OCCURRED	P.M. 21e. PLACE OF INJURY	21f. LOCATION		
	X	WHILE NOT WHILE AT WORK	AT HOME, STREET, FACTORY, OFFICE	, FARM, ETC.) STREET	CITY OR TOWN	COUNTY
			fol) oftended the deceased from	10 /3	2/14	
		saw the deceased alive an	2/14 19	and that in (my) (our) apinion	death occurred an the date an	
	10	above, 11) (we1 (did) (did no 22b. SIGNATURE	t) view the body ofter death	DEGREE		22c DATE SIGNED
		Dad t	Rosstania	2md ATTENDING	VMEDICAL STAFF	2/14/0
	1	22d. PHYSICIAN'S NAME (TYPE O	P S P V V V V V V V V V V V V V V V V V	PHYSICIAN [PHYSICIAN [7/1/00
		THE THIS CIAITS IT AND IC (THE C	K PKINI J	me ADDRESS		
-						
	230.	BURIAL, CREMATION, REMOVAL SPBURIAL		NAME OF CEMETERY OR CREMATORY IN ELAWN MEM. PARK	Annapolis	A.A. Mary
	-		2-20-1700 F			
		UNERAL DIRECTOR	ADDRESS	Annapolis, Md. 25a. DA	TE REC'D. BY REGISTRAR 256. RE	EGISTRAR'S SIGNATURE
	W	ILLIAM REESE &	SONS MORTUARY.	P.A. FFR	20 1000	J. L hand .

H S					
100			Day 0		Jain -
THE SHORE STATES			H-V	0	LAMMAT
	ROTTION	MARTHER DEL			
to feeling that				9	ani
	TAR				111
, nilomanak .il femal	NI BELIAH .A AY				27

10	- 1			STATE OF MARYLAND
		1 -	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENS 0 2 9 5 6 CERTIFICATE OF DEATH REG. NO.
(M)	1		CEASED NAME OWER	
ge 4 max ector, page	3	3 SEX	MALE	4 RACE CAUCASIAN S. DATE OF BIRTH MONTH DAY MONTHS DAYS HOURS MIN YEAR 14 RACE CAUCASIAN MONTHS DAYS HOURS MIN
eoth Pound dir	1	CO, BII	THPLACE IST PEOR EGREIGN	76. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 BALTIMORE CITY OF COUNTY OF DEATH WIDOWED DIVORCED DNNE ARUNDEL COUNTY MD.
rs offer d	00	E	DEWATEL	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) 121 INDUSTRY INDUSTRY CIVAL SERVICE 121 INDUSTRY IND
AND 212 AND 212 n 24 hour filled in rould be in		USU 4 13a. S		OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) INTY 130. CIR OR TOWN 13d INSIDE CITY LIMITS? 130 STREET ADDRESS WE HOUNEL CIRCLE BEFORE ADMISSION 13d INSIDE CITY LIMITS? 424 JAIRLEA DR.
E, MARYLAND uted within 24 completely filled 1 and 2 should	20	4. FA	EREY N.	MODINO ULDEN 15 MOTHER'S MAIDEN NAME BIDDLE GLAIZE
BALTIMORE,	1		(AS DECEASED EVER IN U.S. AR es, noor unknown) (IF yes, GIVI	WE TO SOCIAL SECURITY NO. 17 INEGRMANT ADDRESS VE WAR DE SUJES) 577 148596 CLAIRE L. MOULDEN #13
ST., ertification pour remo			PART I. DEATH WAS CAUSE	only one cause per line for (o), (b), and (c) SED BY: ATE CAUSE (a) META STATIC MEDILLARY THYROID CARCINOMA APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DUE TO, OR AS A CONSEQUENCE OF
10 W. PRESTON that the death costs above costs of cremation, or or other traumatic		100	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUENCE OF
S, 20		NOI	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110
AI RECORD he low requion. hos been sit permit. The tene prior to	2	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 201 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \ NO \
DIVISION OF VITAL NG PHYSICIAN: The other this certificate has serificate has os the burial-transite put and Mental Hygier has a Mental Hygier orked or them 18 shoot or them 18 shoot has the ord mental Hygier orked or them 18 shoot has been should hygier that the manual hygier has been should hygier that has been should hygier that has been should have been shoul	2010	- 1	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH DAY YEAR
DIVISION NG PHYS Ottendin diter this cost the bund Me or the ond Me or the ond Me		MEDICAL	21d. INJURY OCCURRED WHILE OT WORK AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21f LOCATION STREET CITY OR TOWN COUNTY STATE
R ATTENDING hospitol or oth the for use os the for use os the ppt. of Health o			sow the deceased alive on above, (I) (me) (did) (did no	
OR he he oche			22b. SCHATURE	Black ATTENDING MEDICAL STAFF 22980
TO HOSPITAL retoined by the TO FUNERAL should be detained the Stote with the Stote the	1		JAMES	M. BLAKE, JR. 2510 RIVA ROAD, ANNAPOLIS 21401
BP		0	URIAL, CREMATION, REMOVAL	3-5-80 HELINGTON NAT-CEM HELINGTON VAL
DHMH - 16 50M 1/76 (VR A 15 (4))		24.FU	INERAL DIRECTOR	Sacs A ADDRESS MAN ME PATAREC'D WHOISTRANDED ASSISTANTIAN

THE WAY PROJECT OF GROWN STATE OF THE STATE MARIE CANDING MAKEN IS 1927 BY THE MARKET IN THE PARTY OF THE PART 139 J. Bring Laws D. J. A. L. M. J. P. S. J. S. L. S. J. L. S. J. S. L. S. J. S. L. S. L. S. J. S. L. S. J. S. L. S. J. S. L. S. L. S. J. S. L. S. L. S. J. S. L. S. L. S. L. S. J. S. L. S. ALD WELL WAS STORY OF THE STORY ELE MAGNETH T. BURES MELLEN TOWN DEST TO THE PROPERTY OF THE PROPERTY OF THE PARTY 18 - THE EDI 19 2 7 12. ellerate - my / Justinant

		STATE OF MARYLAND		A
1	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGI CERTIFICATE OF DEATH	REG. NO.	2 4 5
	ECEASED NAME FIRST	A / MODIE Than LAST OF MOETRY	20. DATE OF DEATH MONTH DA	Y YEAR 25 HOUR
33	VARAIT 4	4 RACE S. DATE OF BIRTH	AGE (IN YEARS LAST BIRTHDAY)	FUNDER I YEAR IF UNDER 2
	FEMALE	BLACK MONTH DAY YEAR 1898		ONTHS DAYS HOURS
	BIRTHPLACE ISTATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED MORCED	BALTIMORE CITY OR COUNTY O	OF DEATH
5=12	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION IF NOT IN SUCH FACINITY, GIVE STREET ADDRESSY	12a USUAL OCCUPATION (117) ON WORK FOR MOST OF WORK MS LIFE)	126. KIND OF BUSINE
USI 13a	JAL RESIDENCE (# NURSING HOME OR 136 COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFORE ASMISSION 134. INSIDE CITY LIMITS?	13e STREET ADDRESS	54
12/2	STHER'S NAME	MDDLE LAST FRST		L C LAST
160	WAS DECEASED EVER IN U.S. ARI	MED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT CHARGE WAR OR DATES!	ADDRESS 10	6 South S
injury, or other troumotic	Conditions, if ony, which gave rise to immediate cause (a), stoting the underlying cause last	DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF (c) CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMI		MOS NIN PART 1(0)
8 shows any injur	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED	200 AUTOPSY? 206 IF YES, IN CERTIFY!	WERE FINDINGS USED
	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	COURT AND MODIFIES TO MEST	ED (ENTER NATURE OF INJURY IN ITEM 18, PAR	T 1 OR PART 2
5 Q	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME: STREET, FACTORY, OFFICE, FARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY ST
21 is marked	saw the deceased alive on	tal) attended the deceosed from 19 0, and that in (aur) opinian d	, To 2 - 0 19	ond from the causes sta
T. If hem	22b. SIGNATURE	DEGREE ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	276 DATE SIGNED
234	221 PHYSICIAN'S NAME (PPE OF		hedra L-An	WA. M
230	BURIAL, CREMATION, REMOVAL	236. DATE 236 NAME OF CEMETERY OR CREMATORY	23d. UCATION City or Town	OUNTY A. /SI
20M 7/7B	FUNERAL DIRECTOR	TIL ANDONS polys-Md 136 DATE	REC'D. BY REGISTRAR 256. REGISTRA	AR'S SIGNATURE



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours afi retained by the hospital or attending physician.

		FOR				IE OF MAKTLAND	O D	73	0	20
10	L	- STATE REGISTRAR	5474			HEALTH AND MENTAL HYG FICATE OF DEATH	REG. N	10.	2 7	EST
84		ECEASED NAME E OR PRINT)	FIRST	MIDDLE		LAST	20. DATE OF DEATH	MONTH DAT	YEAR	26 HOUR A
			ANNA	HELEN		IOX	FEBRUARY		0	11:50 m
s af	3 50	Temale		White		OF BIRTH 4, 1904	6. AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER 24 HRS HOURS MIN
72 hour		IRTHPLACE (STATE COUNTRY)	OR FOREIGN)	U.S.A.	MARRI WIDOW	ED NEVER MARRIED DONORCED D	• BALTIMORE CITY OF ANNE ARU			MD.
by the fu	1	GLEN BURN	17-12-7	1. NAME OF HOSPITAL, N (IF NOT INSUCH FACILITY, GIVE NORTH ARU)	STREET ADDRESS]		120 USUAL OCCUPAT (TYPE OF WORK FOR MOST)	OF WORKING LIFE	INDLISTRY	Home
be file	USU			THER INSTITUTION, GIVE RESIDENCE	E BEFORE ADMISSION	1	13. STREET ADDRESS			
E 8 600		iryland	Anne	Arundel Glen	Burnie	YES NO	7929 Roxbu	ery Dr.		
npletely nd 2 sho	14. F	ATHER'S NAME FIRST	M	IDDLE LAS	ı	15. MOTHER'S MAIDEN NAM	WE		LAS	1
d cor		WAS DECEASED E			SECURITY NO.	17 INFORMANT	ADDR	ESS		Awall
Page:		NO OR UNKNOWN	n/a	WAR OR DATES)		Delores Cla	rke 7929 Ro	ybury 1	Rd. 210	061
ysici ipers ioval even		IN CAUSE OF D	EATH (Enter only H WAS CAUSED	one couse per line for love	10	**	11-01		BETWEEN C	MATE INTERVAL
ng ph on pa r rem natic		I All a co		CAUSE (a)	nd10	rest votr	4 Horry	The c	Mich	lan
endi carb on, o traur		1429	2	DUE TO, OR AS ACON	SEQUENCE OF)			1 10	1.
ne att		Conditions, if		(b) 3	001				1	Con
e rem	13	cause (a), s underlying co	toting the ouse lost.	DUE TO, OR AS A CON	SEQUENCE OF					
orial urial ury,		DARI 2 OTHER	SIGNIEICANIT CO	ONDITIONS CONTRIBUTION	C TO DEATH BU	T NOT RELATED TO THE TERMI	IN AL DISEASE OR COL	DITION CIVEN	I IN DART 1/-	
hen to b	Z	04,179	mie C	NIG on time	Slean of	Land land	A DISEASE OR CON	IDITION GIVE	A II A L AKT TIO	
prior	CERTIFICATION	190 DATE OF OP	ERATION	196 CONDITION FOR V	HICH OPERATION	ON WAS PERFORMED	20a AUTOPSY?		WERE FINDIN	
perm iene sho	F						YES NO	IN CERTIFY!	NG CAUSES	OF DEATH?
certifica transit ital Hyg Item 18		21a ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY A	CAUSE OF DEAT			21c HOW INJURY OCCURR	1	RY IN ITEM 18, PAR	I OR PART 2)	
this ourial Mer	MEDICAL	21d. INJURY OCC		P.M. 21e PLACE OF INJURY	19	211 LOCATION	5			
After the th th and marke	¥	WHILE AT WORK	T WHILE	(AT HOME, STREET, FACTORY, C	OFFICE, FARM, ETC.)	STREET	CITY OR TO	WN .	COUNTY	STATE
OR: Se as Healt			t (I) (this hospite	ol) ottended the deceased	from	2-5- 1980		16, 19	30	that (I) (we) lost
for u		sow the dec above, (I) (w	eosed olive on_ e) (did) (did not)	view the body ofter death.	10 80	and that in (my) (our) opinion o	death occurred on the a	lote and hour o	and from the	causes stated
AL DIR etached ate Dept		226. SIGNATURE	Har	Q.I.	de	ATTENDING PHYSICIAN P	MEDICAL STA	FF CIAN [27c DATE 2/2	SIGNED 6-82
be do		224 PHYSICIAN	S NAME (TYPE OR	PRINT	700	22e ADDRESS 300 HO	OSPITAL DRI	VE. #13	35	
should be det with the State IMPORTANT			I. STERN	N, M.D.			BURNIE, MAR			
F # 8 €	23a	BURIAL, CREMATI	ON, REMOVAL	23b. DATE		CEMETERY OR CREMATORY	234 LOCATION	Cit	OUIYIY /	STATE
	-	Burial		2/29/80	New (athedral	Battimo.		, Mary	and
HMH-16 25M	74 F	UNERAL DIRECTO	R	8 Sulphur Sp	ess. D.	25e. DATE	REC'D. BY REGISTRAN	234 REGIS	A SIGNA	Cheely
RA 15, 4) 1/79	1	morose s	nc. 132	o susphur Spi	ung Kd.		FB 4 1 138	U	, ,,	7

7.5

1. D. (T) 3. Sign M 7a. 1 10. C 10. C		DHN S. DATE OF BIRTH MONTH DAY Oct. 7, 7b. CITIZEN OF WH U.S.A.	### AGE (IN YEAR LAST BIRTHDAN 64 YRS	RS IF UNDER 1 YR. IF UND MONTHS DAYS HOURS MARRIED NEVER MAI	26. DATE KNOWN OF ESTI- DEATH MATED PRONOUNCED DEAD 9. RAITMORE CITY	MONTH DAY YEAR 26. HOUR
3. SE M 70. I	XX 4. RACE WHITE BIRTHPLACE (STATE OR OREGIN COUNTRY) ashington D.C	S. DATE OF BIRTH MONTH DAY Oct. 7, 7b. CITIZEN OF WH U.S.A.	J. 1915 6 AGE (IN YEAR LAST BIRTHDAY 64 YRS IAT COUNTRY?	MURRAY. S. IF UNDER 1 YR. IF UND MONTHS DAYS HOURS.	OF ESTI- DEATH MATED PRONOUNCED DEAD RAITMORE CITY	2 9 1980 A A A A A A A A A A A A A A A A A A A
M 7a. I W	ALE WHITE OREIGN COUNTRY) ashington D.C	MONTH DAY OCT. 7, 7b. CITIZEN OF WH U.S.A.	1915 64 YRS	MONTHS DAYS HOURS MARRIED NEVER MAI	PRONOUNCED DEAD	MONTH DAY YEAR 2d. HOUR 2 9 1950 A M
ID. C	ashington D.C	U.S.A.	IAT COUNTRY?	8. MARRIED NEVER MA	9. BALTIMORE CITY	
USL	TITY OR TOWN OF DEATH	II NAME OFFICE		WIDOWED L DIVO		EUNDEL - BUNY9 MD
USU 13a	NNUPOILS	HUNC H	Riverel.	OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE FOR MOST OF WORKING LIFE) Ret. Guard	126. KIND OF BUSINESS OR INDUSTRY Brinks Co.,
M	STATE STATE Aryland An	HOME OR OTHER INSTITUTION, GIV COUNTY INE Arundel	residence sefore admission 13t. City or town Lothian	N) 13d INSIDE CITY LIMITS		te 2
4. F	John	David	Mürray	15. MOTHER'S MAI Mary	Elizabeth	Schremerhorn
16a.	WAS DECEASED EVER IN U. YES NO. OR UNKNOWN) (IF YES	S. ARMED FORCES? is, GIVE WAR OR DATES)	578 05 725		E. Murray Same	
	Conditions, if any, a gave rise to imme cause (a) stating the ulying cause last.	which ediate winder.	AS A CONSEQUENCE OF		Anonary Gese	are Dusten
CERTIFICATION	19a. DATE OF OPERATION	19b. CONDIT	ION FOR WHICH OPERA	TION WAS PERFORMED?		20. AUTOPSY?
AL CERTIF	21a EXTERNAL CAUSE WALL UNDERLYING OR CONTRIBUTING CAUSE	HOUR A.M.	INJURY MONTH DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)
MEDICAL	21d. INJURY OCCURRED WHILE AT WORK AT WORK	21e PLACE O		21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
		charge of the remains desc	ribed abave, held an	Autapsy , Inspec	tian , Inquiry , ar	nd in my apinian
		Normal causes ,	Accident , Suic	ide Hamicide TITLE (SPECIFY)	MEDICAL EXAMINER	DATE SIGNED 7-9-80

a , so linked the feet of the land of the	The second	Carrier Co
is about off the Table of		
	venturi Militari	i John
to to our worms. Cotofore		
	20.25.26	
	And the sale	
The second of the second of the second of	enal 30" on/ct/c	0.146
	in Country Construction of	nerali Lilv daevii

9	1	FOR	STATE OF MARYLAND	
	1	STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE B CERTIFICATE OF DEATH	2 4 6 0
		CEASED NAME FIRST		DAY YEAR 26 HOUR
	3 SE	× male	ACE S. DATE OF BIRTH DAY YEAR LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
4 B2 #10	7a. B	RTHULAGE STEOR FOREIGN 76 C	CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 BALTIMORE CITY OR COUNTY	OF DEATH
The first of the control of the cont	10.0	AY OR TOWN OF DEATH 11	MAME OF HOSPITAL, NURSING HOMEOR OTHER INSTITUTION 120 USUAL OCCUPATION	126 SIND OF BUSINESSOR
201 by the	M	NNAPOLIS 4	NUCHTUNGE GENERAL (TYPE OF WORK FOR MOST OF WORKING LIF	CIVIL Service
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 ING PHYSICIAN: The low requires that the death certificate be executed within 24 hours or attending physicion. The control of the base of the signed by the attending physician and campletely filled in by as the buriol-transit permit. Then please remove corban papers. Pages 1 and 2 should be the that and Mental Hygiene prior to burial, crematian, or removal. The national association injury, or other traumotic event, the medical examine must be an arked or them 18 shows any injury, or other traumotic event, the medical examine must be an arked or them 18 shows any injury, or other traumotic event, the medical examine must be an arked or them 18 shows any injury, or other traumotic event, the medical examine must be an arked or them 18 shows any injury, or other traumotic event, the medical examine must be an arked or them 18 shows any injury, or other traumotic event, the medical examine must be an arked or them 18 shows any injury, or other traumotic event, the medical examine must be an arked or them 18 shows any injury.		10 11	FRINKTITUTION GIVE BEFORE ADMINSION) 134 ITY OR TOWN 134 INSIDE CITY LIMITS? 136 STREET ADDRES AND SOC PAPKE	wood Ave.
E, MARYLA cuted within cated within campletely for s 1 and 2 sho		ATHER'S NAME FIRST FIRST MODEL MOD	LAST IS MOTHER'S MAIDEN NAME FIRST UNDEK	LAST
be executed be executed an ond comp is. Pages 1 or		WAS DIREASED EVER IN U.S. ARMED	185 V22-12-5204 Ethel M. Nemith	#13
oertificate Ing physicic bonpopers removal.		18 CAUSE OF DEATH (Enter only or PART I. DEATH WAS CAUSED BY IMMEDIATE C.		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
the death ce the attending remove corbert fraumation, or restrainment of the certification.		Conditions, if ony, which	DUE TO, OR AS A CONSEQUENCE OF (b) artisionalentia CVD	16 Fys.
s that the ed by the eleose rem		gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS ACONSEQUENCE OF THE STATE OF T	16 Fyr.
RDS, 20 equires on signee Then pl r ta buri	NO	PART 2. OTHER SIGNIFICANT CON	IDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIV	EN IN PART 100
TAL RECOR	CERTIFICATION	19a. DATE OF OPERATION	IN CERTIF	, WERE FINDINGS USED YING CAUSES OF DEATH?
VISION OF VITAL S PHYSICIAN, The strenging physicio re this certificate he the buriol-tronsit ond Mentol Hygies ked or hem 18 sho		2) a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	ART OR PART 2}
DIVISION OF DING PHYSICIA or attending pi After this certif e os the buriol-tolth and Mental marked or them	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE-PARM, ETC.) 21f LOCATION STREET CITY OR TOWN	COUNTY STATE
TTEND or	П	270.1 certify that (1) (this hospital) sow the deceased alive on above. (1) (we) (did) (did not) vie	1.2-12-19.26 and that in (my) (our) opinion death occurred on the date and hou	19, that (I) (we) lost rand from the causes stated
A P P P P P P P P P P P P P P P P P P P		22b. SIGNATURE	DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN	271. DATE SIGNED
TO HOSPITAL Of retained by the TO FUNERAL Dishould be detected with the State DIMPORTANT. If		22d. PHYSICIAN'S NAME (TYPE OR PRIN		20
	23a.	BURAT CREMATION, REMOVAL 2	38. DATE 234 NAME OF CEMETERY OR GLEMATORY ATHE LOCATION	AD MI
DHMH - 16 50M 1/76	24.5	WHERAYDIRECTOR NAME	A DORFE MAN MEGIST	BAR'S STENATORE
(VR A 15 (4))	V	UNN 11 ITYIOF	TOONS [YNNAPOILS, / Id,	

MaCreed

8 1980

FOR

(VRA 15, 4) 1/79

STATE OF MARYLAND



No	
Howemaker A.A. Do. Lacadena x 7745 den Ave. Contac Lary A. Trainne 21 Ca 794	
Homemaker A.A. Co. Seritons X 774 Figuros. Conver Larv L. Ziens 7045 hans o. (Estech same as 13 c	a.Ceray
A.A. Co. Serios X 7795 len Ave. Conces arv Caucas as 13 c	of the Control
Contes any i. Traisme 2 13 c 21 cs 704 rank i. Traisme	
21 05 794 Pank J. ((capao): same as 13 o	
	9.09
2/9/30 len laven wew. relulen wrole, a.A. = Mu	Lalino

	tems 21a - 22a G541 3/3/80 da STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 CERTIFICATE OF DEATH REG. NO.	4702
y be death	DECEASED NAME FIRST MIDDLE LAST TYPE OR PRINT) WILLIAM GIBBS OAKSNITH SEX 1 RACE 1. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24
下 人 は (原生物 木)	Male White BIRTHPLACE ISTATE OR FOREIGN COUNTRY) Annapolis. Md. White Month 13 SP YEAR 13 SP YEAR 13 SP YEAR 13 SP YEAR YEAR 13 SP YEAR YEAR 13 SP YEAR YE	
Total	D. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCCESSIVE STREET, DIDERSS) (IF	126 KIND OF BUSINESS
は一種の様	136 COUNTY 136. CITY OF TOWN 136 INSIDE CITY LIMITS? 136. STREET ADDRESS 74 15. MOTHER'S NAME Alvin Oaksmith Calculated Last Last Eveline French French	h Ave
be execute	(YES, NO OR UNKNOWN) (IF YES, GIVE WARP DATES) NO N	as 13-a-e
ATTENDING PHYSICIAN: The law requires that the death certificat hospital or attending physician. ECLOR After the certificate has been signed by the attending physician contribution to the arm. The reflect series of certificate the arm of certificate t	PART 1. DEATH WAS CAUSED BY: MMEDIATE CAUSE (a) PULL ON ART	Hoves 2 DAYS
	21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OF INJURY A.M. MONTH DAY YEAR OF EITHER NOTIFY MEDICAL EXAMINER) 21b. TIME OF INJURY DAY YEAR OR CONTRIBUTING CAUSE OF DEATH OF INJURY IN ITEM 18, PARTIES OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY IN ITEM 18, PARTIES OF INJURY	, WERE FINDINGS USED YING CAUSES OF DEATH S NO ART I OR PART 2)
	21d INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK Hospital) attended the deceased fram sow the deceased alive on above (1) live) (did) (did not) view the bady after death, 22d. I certify that (1) this haspital) attended the deceased fram DEGREE 21f. LOCATION 21f. LOCA	MCCOUNTY 21037 19 21037 19 4 (we rand from the couses state
O HOSPITAL OR stained by the health of the health of the health of the defendent health he stained he defendent health he stain health he stained health he stained health	ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIA	30/AN 80
BP	Burial, CREMATION, REMOVAL 23b DATE 2-2-80 Hillcrest Memorial Gardens Annapolis. 4 FUNERAL DIRECTOR THE HOME. 1212 Westers. Annapolis. 14.	-

.ov interes care Manual Property of the Control of th DOTTE DELL'EVE Long Calculates no the same display is the greek VAT. I same as the same Services Countries Carlo Caller Calle of the water was the first to the water to

STATE OF MARYLAND

THE REPORT OF THE PARTY OF THE Takes the set of the s Corners infraction Allewood wis grandward - law trender 1 No 76 9 Feb 50 Oberto M. Russer X 98/3P Charles W. Kinzer Annapolis, Md 21401

10					STATE OF	FMARYLAND	Note that the same of	6 /a 4/m	
/			FOR	DEPA	RTMENT OF HEAL	TH AND MENTAL HYG	IENE & U	0 2 9	0 4
		1 -	STATE REGISTRAR		CERTIFICA	ATE OF DEATH	REG. NO.		
		1.05/		MIDDLE	LAST		20. DATE OF DEATH MC	ONTH DAY YEAR	2b. HOUR
	m.e		CEASED NAME FIRST	000	1	/	2-5-	80	716 A
	poge 3		(rrac.	6 /1.	031	nea	7	3	10-C M
	pog er de	3. SEX	4. R/	ACE	5. DATE OF B		6. AGE IN YEARS LAST BIRTHD	MONTHS DAY	
,	6 5		E	1,16:4.	MONTH	DAY YEAR	79	YRS.	S THOUS MIN.
_ (1	Odie	7- 0/	RTHPLACE (STATE OR FOREIGN 7b. C	ITIZEN OF WHAT COUNT	RY2 8 _	S. ri	9. BALTIMORE CITY OR		
	リリー 東京 ゼーノ		OUNTRY)	THE COUNTY COUNTY	MARRIED	NEVER MARRIED	1	1 1.	/
	of on the desired		Hew York	11.3.14	WIDOWED	DIVORCED	Hone 1	1040001	MD.
	25 4	10. CI	TY OR TOWN OF DEATH	NAME OF HOSPITAL, NU	RSING HOME OR C	OTHER INSTITUTION	12a. USUAL OCCUPATION		OF BUSINESS OR
-	5 7 6 4	1	Lea Prairie	Marth 1	Toundel	Haco.	Secretar	11/1	lie Schools
50	d in by be file	USU	AL RESIDENCE (IF NURSING HOME OR OTHE	R INSTITUTION, GIVE RESIDENCE B	EFORE ADMISSION)	1,63,0			
		13a. S	TATE 136. COUNTY	13c. CITY OR T	OWN 136	LINSIDE CITY LIMITS?	13e. STREET ADDRESS	10) 5	£ .
DAND	Pould of 1	/	1. J. Queen	5 Brook		ES NO	6/1/5/	Tore J	-
7	d 2 sho	14. FA	THER'S NAME	E LAST	13.	MOTHER'S MAIDEN NA	WIDDLE		LAST
			George	0.5%	10	Marc	e//a	Henry	25561
a, ≥	5 0 - '-	160. V	VAS DECEASED EVER IN U.S. ARMED	FORCES? 166 SOCIALS	ECURITY NO. 17	. INFORMANT	ADDRES:	5.500000	POLK MO.
S O	Poges l	P	(IF YES, GIVE WAR	OR DATES)	2-1862	TIL MI	1	1019 640	I. PJ
W.	0 · 0		110	105-3	4 1866 -	100/160	-cenan /	APPR	OXIMATE INTERVAL EN ONSET AND DEATH
BALTIMOR	ficate physici poper navol. ent, th		18. CAUSE OF DEATH (Enter only or	e couse per line for (a), (b), ond (c).)		0 (BETWEE	EN ONSET AND DEATH
7	- VCC>		PART I. DEATH WAS CAUSED BY		oc avo	elia!	Entarchi	or m	mute
5	ding or re		491-	DUE TO, OR AS A CONSE	COUENCE OF				
0	deoth ottendi ove car stion, a roumot		Conditions if any orbids (thi Chro		chructive	Dulmanani	dyang V	rearg
PRESTON ST	the death of the attendin remove carb emation, ar er troumotic	1	Conditions, if any, which gave rise to immediate	(b) C 00 10		,			
	t terp		couse (a), stating the	DUE TO, OR AS A CONSE	QUENCE OF				
	that d by lease iol, cr	-		(c)					
8			PART 2. OTHER SIGNIFICANT CON	DITIONS CONTRIBUTING	TO DEATH BUT NO	OT RELATED TO THE TERM	INAL DISEASE OR COND	ITION GIVEN IN PART	1(0)
SOS	of the si	ŏ	The state of the s						
Ö	ow re rmit. I prior ony ii	¥	19a. DATE OF OPERATION	196. CONDITION FOR WE	HICH OPERATION V	WAS PERFORMED	20a. AUTOPSY?	20b. IF YES, WERE FIN	DINGS USED
OK U	on. hos h	문	Parameter III				YES NOT	YES [NO [
DIVISION OF VITAL RECORDS, 301		CERTIFICATION	21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	12	It HOW INJURY OCCUR	RED LENTER HATURE OF INJURY		2)
>	physical infectors of Hyger and 18 sh		OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH					
Ö	HYSICIAN: The Indiana physicio ins certificate buriol-tronsit in Mental Hygie or Item 18 sha	13	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	19				
o Z	PHYSICIAN: TI ending physici this certificate the buriol-tronsil ad Mentol Hygi d or Item 18 sh	MEDICAL	214. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OF		If. LOCATION STREET	CITY OR TOWN	COUNTY	STATE
NIS NIS	G PH atten atten s the ond ked o	X	WHILE NOT WHILE AT WORK	(AT HOME, STREET, PACTORT, OF	FICE, FARM, CTC./				
ō			22a.1 certify that (I) this hospital)	attended the deceased fr	m 12/	12 1978	tp	1980	, that (1). (we) lost
			sow the deceased oliver on	1 9		that in (m) (our) opinion	death occurred on the dat	e and hour and from	
	F 0 1 4 0 12		above, (I) (we) (did) (did not) vii	the body after death.		0			ATE SIGNED
	on A Post		22 SIGNATURE	0	DEG	GREE ATTENDING	MEDICAL STAFF		1-16-7
	ral OR A y the hos tal DIREC detoched ate Dept. AT: If them		trums (Xi.	~ W	PHYSICIAN E	DIRECTOR PHYSICI	AN D 2	5/00
	AN Stored	1	794 PHYSIC AN'S NAME (TYPE OR PRI	NT)	2	Ze ADDRESS	711		
	HOSPITAL ned by the FUNERAL old be detected to the State ORTANT:		3 2	Chacon		1521 Rite	hie. Hw	4. Aknold	Md 21012
	retoined by the TO FUNERAL I should be deto with the State I IMPORTANT: If		James			NETERY OR CREMATORY	23d LOCATION		
		23a.	BURIAL, CREMATION, REMOVAL	3b. DATE	ZSC NAME OF CEN	-1 -13.	CITY OR TOWN	COUNTY	STATE
	BP		Burral	4-8.80	27.40	This Cem	13/00/61	yn queen	
	DHMH - 16 25M	24. F	UNERAL DIRECTOR	ADDRES	5501 R.	YChie Sa 250, DA	E REC'D. BY REGISTRAR	JO. REGISTRAN'S SIGN	MATURE
	(VR A 15 (4)) 9/74		Robert S. Ro		Severna	Bark	FEB 1 1 1980	profory,	Kelready
		1						2 1	12.3

The second secon will be the state of the land of the Charles and the trademant of the property B B IV Albert dealers at the later of the later of

-			FOR			070		STATE OF M		UVCIE	r Or IT	0	9 3	to in.
	3	1-	STATE REGISTRAR			Utr			AND MENTAL OF DEATH	LHIGIER	IE & U	NO.	la 1	EST
			CEASED NAME	FIRST		AIDDLE		LAST		20	DATE OF DEATH		DAY YEAR	26. HOUR
a pe	ath th	(ITPE		AMM		В.		PATRIC	:K		FEBRUAR	Y 17,	1980	11:36
may	9	3 SE	(1	RACE		5	DATE OF BIRTI	DAY YEAR		AGE (IN YEARS LAST I	JIRTHDAY)	F UNDER 1 YEAR	
age 4	120		Female		Neg	ro	14	6 4			61	YRS.	MONINS DAYS	AUN MIN
a.	WIN.	7a. Bł	RTHPLACE (STATE OR FOR	EIGN 76	CITIZEN OF	WHAT COUN	ITRY?	AARRIED 🔽 N	IEVER MARRIED	0 0	BALTIMORE CITY	OR COUNTY	Y OF DEATH	
dea	10 mm		orth Caro		US		w	DOWED	DIVORCED		ANNE A			
OI urs after	by the fi		TY OR TOWN OF DEAT		I IF NOT IN SUCI	H FACILITY, GIVE	STREET ADDR		TAL		USUAL OCCUPA YPE OF WORK FOR MOS N/A			OF BUSINESS OR
212 24 ho	be fill	USU/ 13a S	AL RESIDENCE (IF NURSIN	G HOME OR O	THER INSTITUTION,	GIVE RESIDENCE	E BEFORE ADA	ISSION)	SIDE CITY LIMIT	rs? 13	. STREET ADDRES	S		
AND hin 2	11 DC				Arund		irnie	YES	NO □		360 Clor			
RYL	2 shou	14. FA	THER'S NAME	MIE	DIE	LAST	ī	15 MC	OTHER'S MAIDEN	NNAME	MIDDLE		(A	
MA	and 2		Robert			Boone			Mittie	2	Lena		Wi.	lliams
ORE.	es 1	()		U.S. ARMI		166 SOCIAL			FORMANT			DRESS		
TIM:	Pages Tt, the	1	10			219-0)3-22	282 Wi	llis Pa	atri	ck 360	Clove	r Ct.	EMATE INTERVAL ONSET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 IDING PHYSICIAN: The law requires that the death certificate be executed within 24 hour strending physician.	signed by the attending phy en please remove carbon page to burial, cremation, or remo i injury. or other traumatic e	7	Conditions, if ony, gove rise to imm cause 10), stoting underlying cause	which ediate the lost	DUE TO, OF	R AS A CONS	SEQUENC	WP.	extension the	SZ	AL DISEASE OR CO	ONDITION GI	VEN IN PART I	(0)
L RECORD	e has been vermit. Th ene prior shows any	CERTIFICATION	19a DATE OF OPERAT	ON	196 CONDI	TION FOR W	VHICH OPI	ERATION WAS	PERFORMED		200 AUTOPSY?	IN CERTI	S, WERE FINDI	INGS USED S OF DEATH?
IAN IAN Sian.	rertificate harman permital Hygiene	CERT	21a ACCIDENT WAS UNDE	RLYING	216. TIME O				IOW INJURY OC	CCURRED	(ENTER NATURE OF IN			
OF V VSIC	trager t		OR CONTRIBUTING CA		HOUR A.	M. MONTH M	H DAY	YEAR						
NO HA	# F Z	MEDICAL	21d. INJURY OCCURRE	D	21e PLACE			211 L	OCATION		CITY OR	TOWN	COUNTY	STATE
IVISI DING tendii	After the sthe builth and Manarked	8	WHILE NOT WHI	LE 🗆	(AT HOME, STR	EET, PACTORY, O	JPFICE, PARM.	2/0	31112	m	2/	107	012	
PENI or at			220 1 certify that (1) (this haspita	1) ottended the	e deceosed f	from	2/8	. 17	00	, to	1/		, that (1) (we) lost
ATT	DIRECTOR hed for use a Dept. of Hea If Item 21 is		abava (I) (we) (di	d alive an d) (did nati	view the body	ofter death.	-19-XE	, and that	in (my) (our) op	oinion dec	oth occurred on the	date and hou		
TAL OF AT	T'se [276 SIGNATURE	14	win	1		MI	ATTENDIN		MEDICAL S'	TAFF SICIAN 🗌	22c. DATE 2	SIGNED SO
OSP1	I be of he St		224. HYSICIAN'S NA	ME (TYPE OR'P	RINT			22e /			Oakwood			1
O HC	should be dewith the State		JUAN A.		TRAN,	M.D.					Burnie,	Mary	land 2	1061
⊢ 2	⊢ to 3 ⊆		BURIAL, CREMATION, R	EMOVAL	236. DATE				RY OR CREMATO		23d LOCATION CITY OR TOWN		COUNTY	STATE
BF		100	Burial		2-24-	80	Boo	netowr	Cemet	tery	North		on Co.	
	HMH-16 25M		UNERAL DIRECTOR			*DD#5		Male Control	250	A CHE	20 BY REGISTRA	ON REGIS	chay)	celredo
(V	RA 15, 4) 1/79	WII	. C. Marc	ch F/	H 110	I E.	Nort	h Ave	. 1/	DE	20 4/1 73	00	1	1

	-1	FOR		STATE OF MARYLAND		00066
		1 - STATE REGISTRAR	DEPAR	TMENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH	REG. NO	0 2 7 0 0
	T	DECEASED NAME FIRST	MIDDLE	LAST		MONTH DAY YEAR 26 HOUR
poge 3		(TYPE OR PRINT)	SAN NMI	Patterson		1-27-82 3.30pm
ofter of		. SEX	BIBCLE .	S DATE OF BIRTH MONTH DAY YEAR 1 CO	6 AGE (IN YEARS LAST BIRTH	MONTHS DAYS HOURS MIN
Ours Chine	-	BIRTHPLACE ISTATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	S S 10 1	9. BALTIMORE CITY O	YRS.
in 72 h	7	South Carsine	1.00	MARRIED NEVER MARRIED WIDOWED DIVORCED	Annethr	undel County MD.
by the fun filed within	0	Annago L	(IF NOT IN SUCH FACILITY, GIVE STRE	ING HOME OR OTHER INSTITUTION ET ADDRESS) OD DOOR COURT	120 USUAL OCCUPATION	
filled in ould be f	5	JSUAL RESIDENCE (IF NURSING HOM:	OR OTHER INSTITUTION, GIVE RESIDENCE BEFULLY OR TO	WN 13d INSIDE CITY LIMITS?	13e STREET ADDRESS	wood Str.
12 sh	1	I. FATHER'S NAME	unour 1	15. MOTHER'S MAIDEN NA		REPENDENCE DO
puo S	21	Wesley	John White	note Sustan	WIDDLE	Whan Amaker
ges I dicol	1		ARMED FORCES? 166 SOCIAL SEG	CURITY NO. 17 INFORMANT	ADDRE:	
S. Po	'	NO	162-16	78288 Dang He	Clandel	Demas Same
d by the ottending phease remove carbonp ol, cremotion, or remo or other troumotic even		Conditions, if any, which gove rise to immediate cause 101, stating the underlying couse lost.	DUE TO, OR AS A CONSEQ	ecteratic Condin	Ascular Head	Bun.
Then pl to burn njury, c		PART 2 OTHER SIGNIFICAN	T CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	MAN DISEASE OR CONC	ITION GIVEN IN PART LIGHT
shows ony ii	2	190 DATE OF OPERATION ZIO. ACCIDENT WAS UNDERLYING	196. CONDITION FOR WHIC	H OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \(\text{NO} \)
Mentol Hyg	over 10	OR CONTRACTION OF CAUSE OF	DEATH HOUR A.M. MONTH	DAY YEAR 19	RED (ENTER NATURE OF INJUR	IN ITEM 18, PART 1 OR PART 2)
h and M		OR CONTROL IN CAUSE OF OFFICE CAUSE OF OFFI	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	E, FARM, ETC.) 211. LOCATION STREET	CITY OR TOW	N COUNTY STATE
for use of Heal		sow the deceased alive	spirat) oftended the deceased from on 19, 19, natiview the bady after death.		death occurred on the da	te and hour and from the causes stated
be detached for a State Distriction of State Dept. or TANT: If them 2		22b. SIGNATURE A	All Portuit	DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	PLAN DATE SIGNED
should be diwith the Sto	1	ERPD LA	EORPRINTI Phillipm	220 ADDRESS 20 Red gr	ely ane	, Anna Mdayoy
⊢ ™ ¾ <u>₹</u>	2	30. BURIAL, CREMATION, REMOV		NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
3P		BURTAL	MARCH 3,1980	HOMEWOOD CEMETERY	PITTSE	
6 50M 7/77 15 (4))	2	ROLLEINS FUNERA	L HOME, INC. 1233		e rec'd, by registrar 2 R 3 1980	Just Fray Hill Looky

BIOLOGICA STATE OF ST

Leonard J. Ruck Inc. Baltimore.

FOR

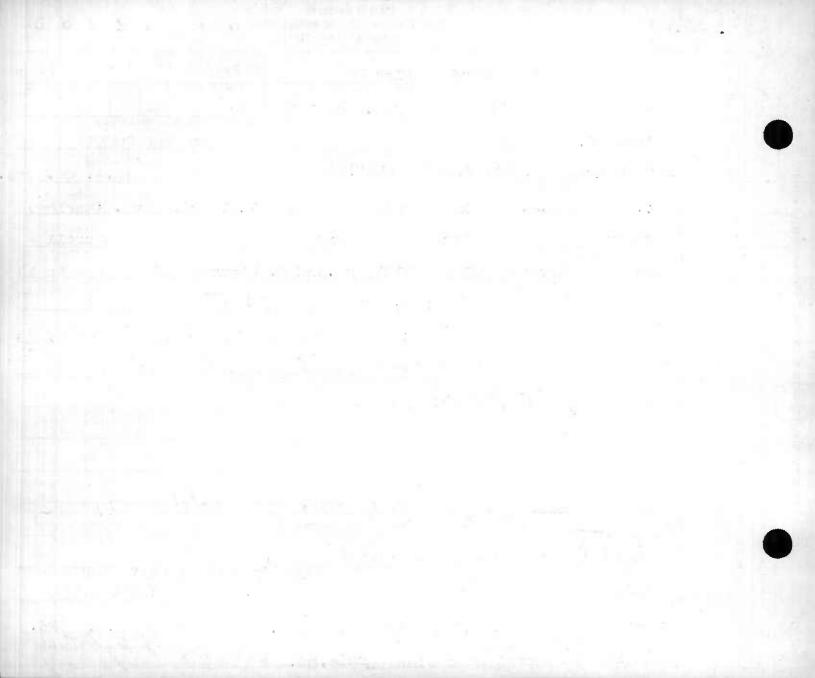
(VR A 15 (4))

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A Common City of the property of the common a the sententing to fair on A STATE OF THE PARTY OF THE PAR

Home



FOR

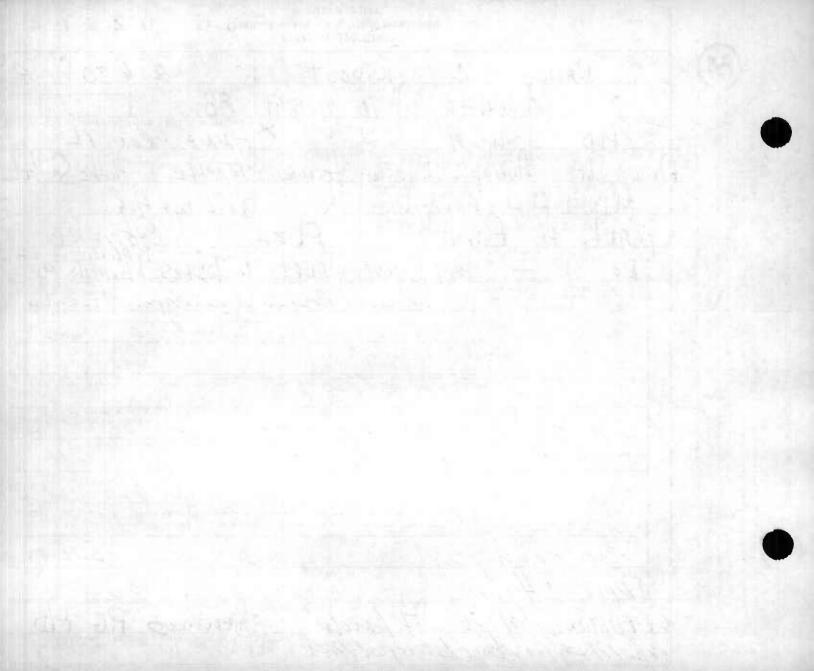
TALABLE DESCRIPTION OF PARTY AND ASSESSMENT OF THE SECOND

FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	YGIENE 8 () REG. NO.	0 2 9 7 0 EST			
I. DECEASED NAME FIRST (TYPE OR PRINT)	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR P.			
IDA 3. SEX	Mae 14 RACE	RICE 5. DATE OF BIRTH	FEBRUARY 21	, 1980 12:55 M			
Female	Cauc.	9 23 YEAR 92	07	MONTHS DAYS HOURS MAN			
70. BIRTHPLACE , STATE OR FOREIGN COUNTRY) WASHINGTON D.C.	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED C	9 BALTIMORE CITY OR COUNTY OF DEATH ANNE ARUNDEL COUNTY M				
GLEN BURNIE		NG HOME OR THER INSTITUTION	17a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) HOUSEWIFE (TYPE OF WORK FOR MOST OF WORKING LIFE) HOUSEWIFE				
MD. 136 CO	or other institution, give residence befoundly in the contract of the contract		13e. STREET ADDRESS 702 Frayer Ave	20751 e. Deale, Md.			
Arthur F.	MIDDLE Frazier LAST	15. MOTHER'S MAIDEN N	V. Robinson				
160 WAS DECEASED EVER IN U.S. A (YES, NOOR UNKNOWN) (IF YES, G	INE WAR OR DATES) 166 SOCIAL SEC 578-32-0		ADDRESS 438 Magmolia Dr	21037 c. Edgewater, Md. APPROXIMATE INTERVAL APPROXIMATE INTERVAL ETIWEEN ONSET AND DEATH			
	DUE TO, OR AS A CONSEOU	ENCE OF Malnu DEATH BUT NOT RELATED TO THE TEI		GIVEN IN PART 1(0)			
19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200. AUTOPSŸ? 20b. IF IN CE	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO			
OR COLUMN TO COLUMN OF THE OWNER OF THE		YEAR 19	JRRED (ENTER NATURE OF INJURY IN ITEM	18, PART 1 OR PART 2)			
21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.)	CITY OR TOWN	COUNTY STATE			
sow the decorred plive of phove, (I (we) (pld) (did	pital) ottended the deceased from an	SO, and that in (my) (our) apinio	on death occurred on the date and				
226. SIGNATURE 226. PHYSICIAN'S NAME (INPE	/ Slew		MEDICAL STAFF DIRECTOR PHYSICIAN	274. DATE SIGNED 2 - 21-50			
22d. PHYSICIAN'S NAME (1796) EDWARD SHER		27e ADDRESS 205 GLEN	BALTIMORE-ANNAPO BURNIE, MARYLA				
230. BURIAL, CREMATION, REMOVA (SPECIFY) Burial		NAME OF CEMETERY OR CREMATOR' ington National		COUNTY STATE			
24 FUNERAL DIRECTOR			ATE REC'D. BY REGISTRAR IS A RES				

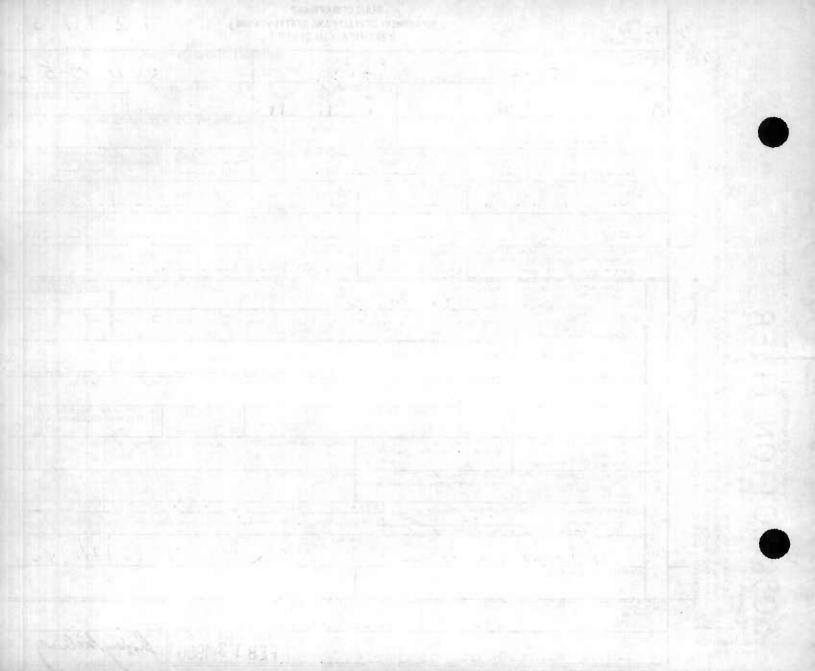
THE CAMER WHEN THE RESERVE THE PARTY OF THE

ARTHUR L. GUDKIN, E.D. 7300 KITCHIS Har., GLEK DURKIE, PD.

DEFILL S/ST/PD LOIDOR SELECTOR SELECTOR SELECTOR, NEWSLAND
ROOKS L. ORON, HERE Sides in W., Maleilane, P.



	4	1-	STATE REGISTRAR			DE		HEALTH AND MENT IFICATE OF DEAT		NES ()	U	2	9 1	1 3
61			CEASED NAME	FIRST		MIDDLE	-	LAST	2		MONTH	DAY	YEAR	26 HOUR
ge 3 eoth		(TYPE	OR PRINT)	ENR	√ Hem:	ingway	Kilbur	Riaa.			2	11	80	5.
ad a	ı	3 SE		4	RACE		5. DATE	OF BIRTH		AGE (IN YEARS LAST BIR	(HDAY)		ER I YEAR	IF UNDER 24 H
0.00		M			W		MOM	TH DAY Y	EAR	69	VDC	MONTHS	DAY5	HOURS M
e Po		7a. BI	RTHPLACE (STATE OR FO	DREIGN 71	. CITIZEN OF	WHAT COU	NTRY? 8		- 9	BALTIMORE CITY C	YRS OR COUN		EATH	
offonce	W.	C	Newcastle	e Del	US.	A	MARR	IED X NEVER MARRI	IED L					
within ied of	14	10. C	TY OR TOWN OF DEA		1. NAME OF	HOSPITAL, I	NURSING HOME	OR OTHER INSTITUTE	ON I	Anne Ar	ION	12b	KINDO	F BUSINESS
notified	20		Annapolis				Beach Fa		(TYPE OF WORK FOR MOST C Writter	iF WORKING	SLIFE) IN	DUSTRY	
must be	35	USU, 13a. S	AL RESIDENCE (IF NURS STATE Md .	136 COUNT A.A	CO.	13c. CITY C	ce BEFORE ADMISSION PRIOR TOWN	13d. INSIDE CITY LIV YES NO	MITS?	1718 HOLL	у Ва	ach l	Farm	Rd.
examine	2		THER'S NAME John	MI	DDLE	Ħ	igg	Cather:			ance	s	Ki.	İburn
edicol)	16a V	VAS DECEASED EVER	IN U.S. ARM	ED FORCES?	16b. SOCIA	L SECURITY NO.	17 INFORMANT		ADDRI	SS			
med	1	(yes.	WW II	YAR OR DATES	113-0	1-8141	Marjorie	e Rigg	g same as	13 e			
event, the	F		18 CAUSE OF DEAT	H (Enter only	one couse pe	r line for (a).	(b), and (c),	•					APPROXI	MATE INTERVAL
ent			PART I. DEATH W	AS CAUSED	BY:	(Liene							
			11 70	IMMEDIATE	CAUSE (a)	0.00	0.00	X						
no ,			1621		DUE TO, C	R AS A CON	SEQUENCE OF	0						
fraumatic	-		Conditions, if ony,		(b)_						1-14			
			gave rise to imn cause (a), statin		DUETO	PASACON	SEQUENCE OF							
l, crem other		- 5	underlying cause	lost.	()	N AS A COL	ISE O DE L'ICE O L							
y, or			PART 2. OTHER SIGN	VIFICANT CO	NDITIONS C	ONTRIBUTIN	IG TO DEATH BU	IT NOT RELATED TO TI	HE TERMIN	AL DISEASE OR CON	DITION	SIVEN IN	PART 1/c	01
to bu		Ö												
ony ii		CERTIFICATION	190 DATE OF OPERAT	TION	19b. COND	ITION FOR	WHICH OPERATI	ON WAS PERFORMED)	200 AUTOPSY?				NGS USED
WSO	41	FIC								VES D NOD		TIFYING	CAUSES	OF DEATH?
shows	4	ERT	210. ACCIDENT WAS UND	SERIVING 🖂	21b. TIME C	SE INTUIDY		1314 HOW/INITIDY	OCCUPPE	YES NO			20.07.0	NO []
of Health and Mental Hygi 21 is marked or Hem 18 sh	91		OR CONTRIBUTING				H DAY YEA	R	OCCORRE	CENTER NATURE OF INJU	() IN HEM I	8, PARI + OR	PART 2)	
Hen	1	O.	(IF EITHER, NOTIFY MEDIC			.M.	19							3
ō	ľ	MEDICAL	21d. INJURY OCCURE		21e PLACE	OF INJURY	OFFICE, FARM, ETC.)	211 LOCATION STREET		CITY OR TO	WN	COL	VINTY	STATE
rkec	- 1	2	AT WORK AT WO	RK										
e E	- 1		220.1 certify that (1)	(this hospito	l) ottended ti	ne deceosed	from 12/	79 19		10 2/11/8	0	. 19		that (I)-(we)
1 is			sow the deceose	ed olive on_	2/7/8	9	_19	ond that in (my) (our)	opinian dei	ath occurred on the d	ote and h	our and f	from the	couses state
	- 1		abave, (1) (we) (a 22b. SIGNATURE	did) (did not)	view the bady	after death		DEGREE				1 2	2c. DATE :	SIGNED
Dep t He	- 1		A I	1/1)	1		ATTEN	DING	MEDICAL STA	FF	1	3	1 /
ate			18/11	DUCK	m	uh-		PHYSI	CIAN	DIRECTOR PHYSIC			911	180
should be detoched with the State Dept. IMPORTANT: If them	1		22d. PHYSICIAN'S NA	AME (TYPE OR P	PRINT)			22e. ADDRESS						
with MPC	-		BURIAL, CREMATION,	REMOVAL	23b. DATE		23c. NAME OF	CEMETERY OR CREMA	ATORY	23d LOCATION				STATE
		(Cremation		2/12/	180	Westwi	ew Cremato	nrv	Baltime	one I	COUNT	Y	SIAIL
		24. FI	JNERAL DIRECTOR		-, 1-/				250 DATER	EC'D. BY REGISTRAR	25b. RE	STRAR'S	SIGNATA	ARE -
N 1/76			NAME	-		ADD			CED	1 3 1000	de	way.	Mel	ready
1			Hardesty	Funera	al Home	1.	2 Ridgel	y Ave. Ann	LED	1 3 1980				



TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed

ned by the hospital or attending physicion.

	STATE OF MARYLA
--	-----------------

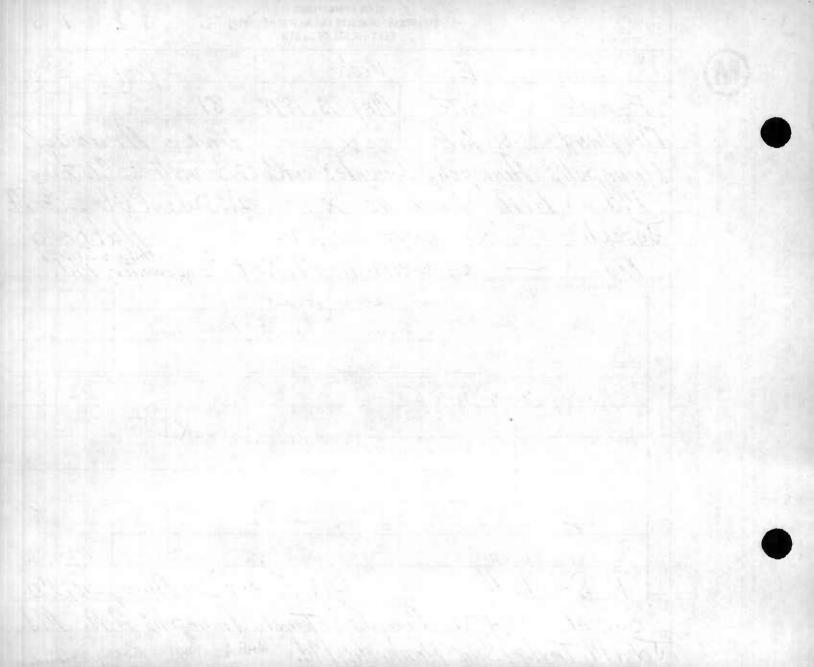
-	-	3	~9	
U	2	3	/	d
	,			

	1 -	STATE REGISTRAR		VEFAKI		ATE OF DEATH	REG	, NO.	7 1	4
		CEASED NAME FIRST		WIDDLE	LAST		20 DATE OF DEATH		YEAR	25 HOUR
		Clyc		ROB	INSON			19, 1980		11:00P
	3. SE)	Male	Cauc.		5 DATE OF	6 1884	6 AGE (IN YEARS LAST	BIRTHDAY) IF UN IMONT YRS	HS DAYS	HOURS MIN.
17	7a. BI	RTHPLACE ISTATE OR OREIGN	^	SA	MARRIED WIDOWED	NEVER MARRIED DIVORCED	9 BALTIMORE CIT	Y <u>OR</u> COUNTY OF undel	DEATH	M
00	An	ry or town of DEATH napolis	107 S			polis 21401	120 USUAL OCCUP	ATION ST OF WORKING HEE	26 KIND O HUSTRY	officer
35		RESIDENCE (IF NURSING HO TATE TYLAND Ant	ME OR OTHER INSTITUTION OF Arunde	1 Annapol	4 113	d. INSIDE CITY LIMITS?	107°5688E	SSDr.		
21	14. FA	STARKS	MIDDLE KO	BINSON	15	MOTHER'S MAIDEN NA.	MIDDL		ling	0
1	y.	AS OFTER STORYER IN U.S. (16 YE)	S. ARMED FORCES S. GIVE WAR OR DATES!	913 34 2	1406A	LUEIE F.	ADAMS "	DRESS 13	3 /	
	1	8 CAUSE OF DEATH (Ent PART I. DEATH WAS CA	er only one couse p	er line for (a), (b), ar	nd (c				BFTWEEN	MATE INTERVAL
- 1		IMME	DIATE CAUSE (0)_	Filedillo	HILLIS -				7 1110	
	3	486-	DUE TO,	QR AS A CONSEQU	ENCE OF					
	Sept.	Conditions, if any, which								
		gove rise to immediat couse (a), stating th	DUE TO.	OR AS A CONSEQU	JENCE OF					
		underlying couse los	((c)_							
- 1	7	PART 2 OTHER SIGNIFICA	NT CONDITIONS	CONTRIBUTING TO	DEATH BUT NO	OT RELATED TO THE TERM	INAL DISEASE OR CO	ONDITION GIVEN I	N PART 10	0
	10	N/A								
2	CERTIFICATION	N/A	N/A	DITION FOR WHICH	OPERATION '	WAS PERFORMED	20a. AUTOPSY?	20b. IF YES, WI		
3	ERT	21a. ACCIDENT WAS UNDERLYIN		OF INJURY	1	RE HOW INJURY OCCUR		NJURY IN ITEM 18, PART 1	OR PART 2)	140
7	-	OR CONTRIBUTING CAUSE	OF DEATH HOUR	A.M. MONTH D	AY YEAR					
-	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAM		P.M. E OF INJURY	19	If. LOCATION				
- 1	MEC	WHILE NOT WHILE	(AT HOME.	STREET, FACTORY, OFFICE,		STREET	CITY OR	TOWN	OUNTY	STATE
		AT WORK AT WORK			Dooomh	1079	, Februa	MTF 10	80	
		220.1 certify that (1) (this saw the deceased alive	rospitol) ottended	the deceased from.	80	SF 1970 19	, 10		,	that (I) (we) los
		above, (i) (we) (did)	XXX view the boo	dy after death.			death occurred an th	e date and haur and		
		22b. SIGNATURE	201.	Vinna	DE	GREE ATTENDING	MEDICAL S DIRECTOR PHY	TAFF	Peb 2	0,1980
\neg		22d. PHYSICIAN'S NAME	TYPE OR PRINT)	John Lar	12	22e. ADDRESS	J DIRECTOR [] FITT	SICIAI4 [
1		Charles W.	Kinzer,	M. D.		Annapolis, M	aryland 21	1401		
	C	URIAL CREMATION REMO	DVAL DATE	180 F		OLW	Born	Way A	M.	Mo.
	24 1	SERAL DIRECTOR	1101	10000	- 1	25	8 % STEP 1980	AR 250 WEST FRAY	SSIGNM	Merry
1	top.	M. 37.17	gan lus	repot.	me			/		/
- u	_	-								198

DHMH - 16 50M 1/76 (VR A 15 (4))

7 Of temperation . Don J Amandalla 195 despt 1 day, imaged la 2150; the distribute the and June 702 20 20 all allowing lemmas from a hardgray EXPT: heafrent, elicenta

3		1.	FOR STATE	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	YGIENES O O	2975
	(BA)		REGISTRAR CEASED NAME FIRST	MIDDLE	12 LAST	REG. NO.	DAY YEAR 26. HOUR,
	4 000	3. SE	* La mala	RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	if under I year if under 24 Hrs months days hours min
	deoth. Page unerol direc nin 72 hours of once.	70. B	RTHPLACE (STATE OR FOREIGN 7)	D. CITIZEN OF WHAT COUNTRY	MARRIED WEVER MARRIED	9 BALTIMORE CITY OR COU	
	offer d with	11.0	TYPROWN OF DEATH	DAME OF HOSPITAL NURS	WIDOWED DIVORCED NG HOME OR OTHER INSTITUTION ADDRESS)	122 USUAL OCCUPATION	12b. KIND OF BUSINESS OR
BALTIMORE, MARYLAND 2120	filled in by ould be file	USU 13a	AL RESIDENCE (IF MURESPAS HOME OF O	TITUTION, GIVE RESIDENCE BEFO 130 - 114 OR TO	RE ADMISSION) NN 13d INSIDE CITY LIMITS?	13 STREET PADRESS	Calouredte SI
AARYLAI	ed within impletely fond 2 sho	14 F	THER'S NAME FIRST MI	DDLE PAUL	15 MOTHER'S MAIDEN N	NAME MIDDLE	Hichkord
MORE, A	ond co	16a V	VAS DECLASED EVER IN U.S. ARM (ES, NO OR YNKNOWN) (IF YES, GIVE W		URITY NO. 11 FORMANT	and 126 South	down Shores
	ficate b physicion papers. naval. ent, the		18 CAUSE OF DEATH Enter only PART I. DEATH WAS CAUSED IMMEDIATE	BY:	ndic Anet	1 -	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
W. PRESTON ST.,	4 000 0		4380 Conditions, if any, which	DUE TO, OR AS A CONSEQU	missting hear	+ Fairlue	
I W. PRI	y they crem		gove rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQU	JENCE OF		
JRDS, 201	equires in signed Then pl to burn njury, o	NOI	11. 1	MOITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	rminal disease or condition	GIVEN IN PART 1(0)
AL RECO	i. The low residion.	CERTIFICATION	190 DATE OF OPERATION		HOPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO NO
DIVISION OF VITAL RECORDS,	SICIAN ng phys certification or certific	MEDICAL CE	2)a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	19	JRRED (ENTER NATURE OF INJURY IN ITEM	18, PART 1 OR PART 2)
DIVISIO	G Poste	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE		CITY OR TOWN	COUNTY STATE
			22a. I certify that (I) (this hospito sow the deceased alive an above, (I) (we' (did) (did not)	2/7 10		in death occurred on the date and	
U	HOSPITAL OR ATTEN HOSPITAL OR ATTEN FUNERAL DIRECTORS Uld be detoched for us in the Store Dept. of He ORTANT: If Hem 21 is		22b. SIGNATURE	ull	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF	2/29/88
	TO HOSPITAL retained by 1 TO FUNERAL should be de with the Stort	22	22d. RHYS CIAN'S NAME (TYPE OR P	All.	14/9 For	rest Dr. An	unpolis, Md.
	BP	(URIA CREMATION, REMOVAL PECAL PROPERTY OF THE PECAL PROPERTY OF T	3/4/80 /1	NAME OF CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN ATE REC'D. BY REGISYRAR 25b' REC	A.A. Md.
	DHMH - 16 50M 1/76 (VR A 15 (4))	J	shr M. Taylo	Y SONS HINI	unpolis, Md.	MAR 4 1980	history Maller



Standy To the standard of the Louis of the francis Consent AM Exiles A. E. Co. The straight of the straight of Allothers a rose server Alli server a roman entre server a la company de Town 101 218 180 Hiller at Compay Mars noth, It In I led The land of the same of the same

1/		Lt	ems 5,0 g	540 2/2	28/80 gj	ST	ATE OF N	ARYLAND					
4	3		FOR		D	EPARTMENT O	FHEALTH	AND MENTALH	YGIENE (1)	0 2	3	7	7
	91		STATE REGISTRAR		MED	ICAL EXAMI	NER'S	ERTIFICATE O	F DEATH	REG. NO.	3	/	1
	THE RESERVE		EASED NAME	FIRST	/	MIDDLE		LAST	Za. DATE KN		DAY	YEAR I	2b. HOUR
			OR PRINT)	1.00 4	1-1	0 .0	1.11	1	OF I	ESTI-			II. HOUR
	S NOW WILL		C.	1197	ON	T KU	ナベノ	9USICH-	S DEATH M			50	M
	30=56	3. SEX	4. RACI	E S	DATE OF BIRTH	6 AGE (IN		DER I YR. IF UNDER		MONTH	DAY	YEAR	2d. HOUR
	E0362		Male C	Vhite	3	. 6-00	YRS. MONII	S DAYS HOURS	MIN PRONOUNCE DEAD	2	11 1	80	Z M
	A ALL	7a. BI	RTHPLACE (STATE OR	7	CITIZEN OF WH		10		9. BALTIMOI	RE CITY OR COUN	TY OF DE	ATH	
	おからきょうと	FO	laryland	60.00	U.S			ED NEVER MARRI		CO.			
	英語のでき		TY OR TOWN OF DEA	711		PITAL, NURSING HO	WIDOW		12a USUAL OCCUPA	TION	12b KIND	OF BLIC	MD.
	AY THE	10. CI	1 OR TOWN OF DEA	JH I	UF NOT IN SUCH FAC	HAL, NUKSING HO		EK INSTITUTION	FOR MOST OF WORKIN	IG LIFE)	ORI	NDUSTRY	INE 33
	DELAY 45 TO THE PR FILED DS, 301	1	PNO/9		123 3	everN	CUP	9	Machinis	t	Plas	stics	Co.
	_ m = 0 &		L RESIDENCE (IF IN NUE	ISING HOME OR C	OTHER INSTITUTION, GIV	13c. CITY OR TOWN		113d. INSIDE CITY LIMITS?	13e. STREET ADDRESS				
21201	PETANA AND AND AND AND AND AND AND AND AND	13a. S	MD.	138, COUNTY	Λ	Arnold	•	YES NO E					
	F S. E. S. E	IA EA	THER'S NAME		Lette	APHOLO		15. MOTHER'S MAIDE		VIEW			
MD.	SATH.	14.17	FIRST		MIDDLE	LAST		FIRST	WIDD	LE	LAS	ST	
	DEAT PAND AND AND AND AND AND AND AND AND AND		oseph			Rutkauska		Hilda		C	layto	on	
lo lo	FORM SS 1 AP		VAS DECEASED EVER	IN U.S. ARME		16b. SOCIAL SECUI	RITY NO.	17. INFORMANT		ADDRESS Seve	rna 3	Name !	MD.
BALTIMORE,	URS AFTER DEATH. 8. GIVE PAGES 1, 2, WITH FORM PM 3. PAGES 1 AND 2.5 DIVISION OF VITAL		No	, , , , , , , , , , , , , , , , , , , ,		212-14-1	918	Bertha Ru	tkauskas -				t.
8 B	URS AF WITH WITH PAGE DIVISIO			H (Enter only	one couse per live	(ar (o), (b), and (c)	1	1	11	7	APR	CRIMATE A	MIERVAL
ST.,			PART I DEATH W	AS CAUSED B	BY:	une Ale	1/1	munda	10,00	(- Inglitzmanning	en ONIET	ME DEATH
Z	124 HC ITEM 1 ALONG PERMI GIENE,		9511	MMEDIATE		an gru		- ALLING	of Court of	_	-	-cay	2
STC			100	1	DUE TO	AS A CONSEQUENC	E OF				8 3		
W W			Canditions, if e		(6)								
3	REAL TRANSPORT		cause (a) stating		DUE TO, OR	AS A CONSEQUENC	E OF						
301 W. PRESTON	C X 4 > 4		lying cause last.		(6)								
	ECUTED WITH		PART 2 OTHER SIGNIFICANT	T CONDITIONS CO	NTPIRITING TO GEATH O	HT NOT BELLTED TO THE T	CRAINAL DICEAC	OR CONDITION GIVEN IN PA	DY 1 (-)				
DIVISION OF VITAL RECORDS,	DULD BE EXECUTIVE PENDING, IN PENDING, IN SED AS A BURIVE HEALTH AND CREMATION, O	z	TART & GITTER STORT TEAR	CONDITIONS CO.	NIKIBOTINO TO CENTIL	OF HOT KELATED TO THE T	ERMINAL UISEAS	OR CONDITION DIVEN IN PA	K4 (Q).				
8	MEDIN MEDIN AND AS A EALTH	CERTIFICATION	14 5 175 05 0050	71011	Torri a a company						Test con		
8	SHOULD IRD "PER CHIEF A E USED OF HEA	S	19a. DATE OF OPERA	TION	196. CONDII	ION FOR WHICH OF	ERATION W	AS PERFORMED!			20. AU	TOPSY?	
T A		E	And the second								YE	s 🗆	NO
7		i iii	210. EXTERNAL CAUS		216. TIME OF			OW INJURY OCCURRE	D (ENTER NATURE OF HIJUR	Y IN ITEM 18 PART 1 OR P	ART 2)		
Z	RTIFICATION OF THE WASHINGTON TO THE WASHOULD PARTMEN OR TO BU		UNDERLYING CONTRIBUTING			MONTH DAY YE	_ /	011.11.	ale le	which.	Core	un	
Sio	PAR SHO	MEDICAL	21d. INJURY OCCUR			F INJURY (AT HOME		CAZIÓN	The same of the sa			-	
<u>></u>	ARITINA ARDEE (GE 3 ATE DE OI PRI	WE		WHILE VO		ORY, FARM, ETC.)		CAZION	CITY OR TOWN	ing Mi	IO H.	nn	STATE
۵	E, WRI RWARE PAGE STATE 21201 B	100	AT WORK AT W	ORK X	yell	ine		123 Sec	ren a	By IRA	100 KI.	HAG	413
	R: P ORV ORV ORV ORV	130	22s certify that !	took charge	of the remoins desc	ribed obave, held or	Autop	sy Inspection	n . Inquiry	and in my a	pinion		
	EXAMINER: CERTIFICATE JID 8E FOR DIRECTOR: WITH THE 5		death resulted from				Suicide	/	Undetermined mann		1.00		
	EXAMINE CERTIFICA JLD BE FO DIRECTOR WITH THE	1	deam resolled from	6/0	1	Accident L.	Juicide [Oligetermined mon	161			
	EXA/ CERT CERT UID DIRE WIT		ACTUAL	1/7		VINX		TITLE (SPECIFY)	1	DATE	7	-11-	en
	HE HE HE		SIGNATURE	0/	whau	A 1.73	N	D. Wefer 7	MEDICAL EXAMIN	VER SIGN	ED	-//-	30
	DIG NER OR		EXAMINER'S NAME		E. Liuk	20 11		//	11	10			
	M S M E M E	100	(TYPE OR PRINT)	-	10/	HILLS .		ADDRESS /	nopole	na	_		
	TO MEDICAL EX EXECUTE THE CE PAGE 4 SHOUL TO FUNERAL DII AFTER DEATH, WARTER DEATH, WAR	23a.B	URIAL, CREMATION, R	EMOVAL 236	DATE	23c. NAME OF	CEMETERY C	R CREMATORY	27 LOCATION	COL	INTY	STA	16
	0.0	(:	Cremation		2 - 13-8	O Loudon	Park	Cemetery	Balto.	City	7	MD	
	DP		UNERAL DIRECTOR			- 041	. 11.	250. DATE	REC'D_BY REGISTRAR	25b. REGIS RAP'S			
	DHMH - 17 (VR A15 ME (5))		Prepart &	Range	ADDRESS	Join Leen	PAI	IMO F	B 1 9 1980	perfor	y Me	Cread	4
	15M 7/76	1	Kocoa w.	Market or the	Y. V	sevenne.	101.AL	1			7		

		1	
			beat wat
The strate 12			
			C Show

		500		STATE OF MARY		0 0		13 4
	1.	FOR STATE REGISTRAR	DE	PARTMENT OF HEALTH AN CERTIFICATE OI		REG. NO.	129	13
	1. DE	CEASED NAME FIRST	MIDDLE	LAST	2a D	ATE OF DEATH MONTH	DAY YEAR	2b. HOUR
ge 3		Dora Dora	Victoria	Rutterfor	rd	2	16 80	6:45 A
100	3. SE	F	1 RACE	5. DATE OF BIRTH	1900 6. AC	GE (IN YEARS LAST BIRTHDAY) YR	MONTHS DAYS	HOURS MIN
May -		ETHPLACE STATE OF FOREIGN	CARHI BENTA	MARRIED ANEVE	R MARRIED 9 BA	ATIMORE CITY OR COU		1
-11	1	NOLAND	RNGLAND	WIDOWED	DIVORCED F	THUE KA	CUNDE	L MI
July 1	1	UN ADOMS		NURSING HOME OR OTHER IN ESTREET HODIESS)		SUAL OCCUPATION OF WORK FOR MOST OF YOUR	G LIFE) 12b. KIND OF	BUSINESS OR
nost be	USU:	TALE 136 COU	1 POR	13d. INSIDE	3	TREET ADDRES ON T	the D	2
iner must	14. FA	THER'S NAME	T. OF	YES 15 MOTHE	R'S MAIDEN NAME	OTSIRAI	1001	٠٠٠
2007	H	ta RRY	MIDDLE HAR	leis EL	ZABET	WIDDIE	Elhio-	++
medical	16a \	VAS DECEASED EVER IN U.S. AR ES MOORUNKNOWN) (IF YES, GIV	EMED FORCES? 166 SOCIA	163247 - EL	OW B. C	ARhEY	# 13	
oval. nt, the		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly one couse per line for (a),	(b), and (c) o O1	7	201	APPROXIM BETWEEN O	NATE INTERVAL
e se			TE CAUSE (0) I Sum	basis Nt.	Jeman	anny	18	m
on, or umatic		Canditians, it any, which	DUE TO, OR AS A CON	ISEQUENCE OF O		0	48	ma
other traum		gove rise to immediate cause (a), stating the underlying cause last.	DUE TO ON AS A CON		mi + K	the pokale	18	hu
à		PART 2 OTHER SIGNIEIRANT	ONDITIONS CONTRIBUTE	IG TO DEATH BUT NOT RELAT	ED TO THE TERMINAL I	DISEASE OR CONDITION	GIVEN IN PART 1(a	1
rinjury,	NOL	1	u. De	morne				
ws any ii	CERTIFICATION	7 1 15 1581	CONDITION FOR	WHICH OPERAT ON WAS PER		AUTOPSY? 206. IF	YES, WERE FINDING RTIFYING CAUSES (YES []	GS USED OF DEATH?
18 shows	CERT	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	11c. HOW		ENTER NATURE OF INJURY IN ITEM		140
ltem	CAL	OR CONTRIBUTING CAUSE OF DE		H DAY YEAR				
ā	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC.) 21f. LOCA STRE		CITY OR TOWN	COUNTY	STATE
is marked		220.1 certify that (I) (this hosp			, 19 <u>80</u> , t	· 16 786	, 19_50, 1	hot (1) (***) los
7			at) view the body ofter death.		ny) (opinian death	occurred an the date and		
F. If Hen	E	226 SIGNATURE M	Richar	DEGREE MI	ATTENDING ME	DICAL STAFF	720. DATES	16 B8
MPORTANT: I	E,	22 PHYSICIAN'S NAME (THE	PRINT)	22e. ADDR	RESS	1. / 1.		4-1
IMPORTANT:	1300	TIPINAL CREMATION REMOVAL	1 C S /HAL (YS)		FOR BES 5	LOCATION ,	NAPOLIS,	mai
	C	REMATION	120/80	FLLINCOL	N	3 REUTWOSS	PG	MD
/77	1	K W Let	April ADDI	numer mid	FEB 2	P. 1980 STRAR 245 REG	BRY SACESAL	Bey
	1	111111111	1-10-100	100				<u></u>

Denote Milesia Rutter land and selection of the DE 125 3 2 37 1910 THE BOOK IS THE TENT OF THE STATE OF THE STA Mill HA LEGICAL STATES STATES STATES STATES Hereby Lands Sanda Andrew EL TE VALCHO E MARK THEN THE TELL SE A STATE OF THE STA PERENTAL SAMOND LATE CONTRACT PROPERTY OF THE

FOR

- STATE

REGISTRAR

BALTIMORE CITY OR COUNTY OF DEATH Anne Arundel Co. 12ª USUAL OCCUPATION 12h KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Millazo ADDRESS APPROXIMATE INTERVAL PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES T NO T 21c. HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2] COUNTY STATE and that in (my) (aur) apinian death occurred on the date and hour and from the causes stated 22¢ DATE SIGNED PHYSICIAN PHYSICIAN MO SCHOOL 2 (230 2/16/80 Burial Cedar Hill Cemetery Brooklyn Md. BP 24 FUNERAL DIRECTOR Balto 21225 R 256. REGISTRAR'S SIGNATURE 250. DATE REC'D, BY REGISTRA **DHMH-16 25M** George J. Gonce 4001 Ritchie Hgwy (VRA 15, 4) 1/79

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO.

2h HOUR

HOURS

IF UNDER 24 HRS

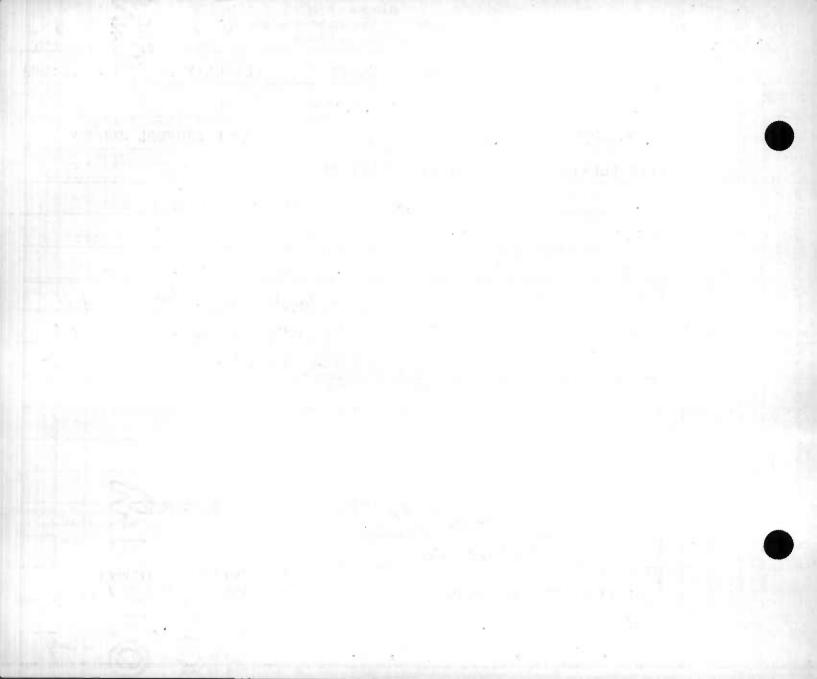
1980

YRS.

IF UNDER 1 YEAR

MONTHS DAYS

Temmusey 15, 1950	allater		Rioner	
78	7/23/92	erin	n.E.e.	
x Anne Arundel Co.		.8.5.1	v.Lant.	
	ame miaur	1 2009 128	Lanspolls	
anilia alter		elielat I	otaboat	
	£457	- O ()		
		- 1		



DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH page 3 Dept. DECEASED-NAME First Middle Last 2a. DATE OF DEATH 2b. HOUR (Type or print) Manth 13, Day 1980 or Thelma R. Seim Feb. 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNOFR 1 YEAR IF UNDER 24 HRS last birthday) MONTHS HOURS Female White Oct. 5,1911 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8. MARRIED NEVER MARRIED Balto. Md. USA Ann Arundle DIVORCED T WIDOWED [10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address) 390 Centerhill Rd. during mast of working life, even if retired.) INDUSTRY BALTIMORE, MARYLAND 21201 Linthicum Md. 13a. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? I3e. STREET AND NUMBER admission) STATE 13b COUNTY 390 Centerhill Rd. YES NO Co. Linthicum 14. FATHER'S NAME Middle Last IS. MOTHER'S MAIDEN NAME First Middle Last William Connelly Edith 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT 390 Centerhill Rd. Address Linthicum, Md. (Yes, no, or unknown) (If yes give war or dates of service) 219 28 7680 Mr. Vernon I. Seim 21090 APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter anly one cause per line far (a), (b), and (c),) BETWEEN ONSET AND DEATH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF arcinoma of colon Conditions, if any, which gave omo rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause Invome last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [NO. 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.) burial, CAUSE OF OFATH HOUR A.M. Month Day Year (If either, natity medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County While Nat while at wark 22a. I certify that (1) (this haspital) attended the deceased from. __19_8 and that in (my) (our) apinian death occurred an the date and have and from the sow the deceased alive on_ 2-12 ATTENDING causes stated above, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED detached DEGREE PHYS. DIRECTOR PHYS. 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) shauld of Heal 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) ((State) 23a. BURIAL CREMATION 23b. DATE BUTTAY (Specify) Feb. 16.1980 Loudon Park Cem. 2 Balto. Md. 2Sb. REGISTORAR'S SIGNATURE G. Truman Schwab 5151 Balto. National Pike 2Sa. REC'D BY REGISTRAR DHMH-16 1/71 30M Balto. Md. 21229 (VR A15 (4))

13, 192	.vst.		Sein			e=lon1	
	89		100		es Mil		o Loan Vote
	elbumh mi		XX.		A G. E.	. 1	lel to.
	allie		. 61	filmor.		1.14	113.1
. D. III. Aleksan	008 28		euo kata)	EL .00	w .		MI L
				V. 10	arop LL		attur .
,	. M. Likere		Nr. '81	099V 25	675		.orr
			100				
		W. C.				S. U.S.	
	.047.86		maQ ata	re irohuo.	6,1980 11	D .696	Laten
				MOZ. NE		daydoč	nestril .i

FEMALE THPLACE (STATE OR FOREIGN UNITY) THE STATE OR FOREIGN ORSEY THE STATE OF FOREIGN THE STATE OF FOREIGN THE STATE OF FOREIGN THE STATE OF THE S	A RACE BLACK The CITIZEN OF WHAT COUNTRY U.S.A. 11. NAME OF HOSPITAL, NURSI 15. NOTHER INSTITUTION, GIVE RESIDENCE BEFO COUNTY ME OF OTHER INSTITUTION, GIVE RESIDENCE BEFO COUNTY MEDIE OLIVE S. ARMED FORCES? S. GIVE WAR OR GATES) POUR TO, OR AS A CONSEOL DUE TO, OR AS A CONSEOL 14. RACE BLACK 17. CUTY OF TO 18. CITY OF TO 18. SOCIAL SEC 217-07-	MARRIED NEV WIDOWED ING HOME OR OTHER ET ADDRESS) DRE ADMISSION) WN 134 INSI YES 15 MOTH R CURITY NO. 17 INFOR	I 1889 VER MARRIED DIVORCED INSTITUTION DE CITY LIMITS? HER'S MAIDEN NAME EMMALTNE	DORSEY, MARY 128. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK homemaker 128. SIREET ADDRESS 7516 RIDGE RO	OLL 80 # UNDER I YEAR # YRS. PUNTY OF DEATH YIAND INDUSTRY NOUSTRY NOUSER CAITHE	ER AD
THENALE THPLACE (STATE OR FOREIGN UNITATION TO RESIDENCE (IF NURSING HOLATE INTERPLAND THER'S NAME JÖNES AS DECEASED EVER IN U.S. S., NOT UNKNOWN) IS CAUSE OF DEATH (Entre PART). DEATH WAS CAUSE Conditions, if ony, which	A RACE BLACK The CITIZEN OF WHAT COUNTRY U.S.A. 11. NAME OF HOSPITAL, NURSI LENGLIN SUCHTACHITY, GIVE STREE TO RIDGE ROA ME OR OTHER INSTITUTION, GIVE RESIDENCE BEFO OUNTY MIDDLE OLIVE S. ARMED FORCES? S. GIVE WAR OR GATES) POUR TO, OR AS A CONSEOL DUE TO, OR AS A CONSEOL	MARRIED NEV WIDOWED NEV WIDOWE	YER MARRIED DIVORCED INSTITUTION DE CITY LIMITS? NO HER'S MADEN NAME EMMALTNE	AGE (IN YEARS LAST BIRTHDAY) 90 9 BALTIMORE CITY OR CO DORSEY, MARY 12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOR NOTHER MOST OF WOR NOTHER MOST OF WOR ADDRESS	YRS. PUNDER I YEAR IN MONTHS DAYS HE YEAR IN MONTHS HE YEAR IN M	ABUSINESS ER
FEMALE THPLACE (STATE OR FOREIGN UNITAY) RY LAND Y OR TOWN OF DEATH DRSEY L RESIDENCE (# NURSING HOWATE RY LAND HER'S NAME JÖNES AS DECEASED EVER IN U.S. S. NOOR UNKNOWN) 18 CAUSE OF DEATH (Entre PART I. DEATH WAS CA	BLACK The CITIZEN OF WHAT COUNTRY U.S.A. 11. NAME OF HOSPITAL, NURSI 12. LE NOUN SUCH ACTURY. GIVE STREE TO RIDGE ROA ME OR OTHER INSTITUTION, GIVE RESIDENCE BEFO OUNTY MIDDLE OLIVE S. ARMED FORCES? S. GIVE WAR OR GATES) POPULATION OLIVE S. GIVE WAR OR GATES) DIATE CAUSE (a) DUE TO, OR AS A CONSEOL	MARRIED NEV WIDOWED NEV WIDOWE	VER MARRIED DIVORCED DIVORCED	90 BALTIMORE CITY OR CO DORSEY, MARY 12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOR NOTHER MOST OF WOR NOTHER MOST OF WOR TO STREET ADDRESS 7516 RIDGE RO E MIDDLE ADDRESS	YRS. MONTHS DAYS HE YIAND AT A PRINCE	A BUSINESS
THPLACE (STATE OR FOREIGN UNITARY) YOR TOWN OF DEATH PRSEY L RESIDENCE (# NURSING HOW ATE 136 C INY LAND 136 C THER'S NAME 136 C S, NOOF UNKNOWN) (# YES TO CONDITION OF DEATH LENTE PART I. DEATH WAS CA LIMME 4409 Conditions, if ony, which	The CITIZEN OF WHAT COUNTRY U.S.A. 11. NAME OF HOSPITAL, NURSI 15. NOT HOSPITAL, NURSI 15. OR LIDGE ROA ME OR OTHER INSTITUTION, GIVE RESIDENCE BEFO OUNTY MIDDLE OLIVE S. ARMED FORCES? S. GIVE WAR OR GATES) Per only one cause per line for (a), (b), or (USED BY: DIATE CAUSE (a) DUE TO, OR AS A CONSEOL	MARRIED NEV WIDOWED ING HOME OR OTHER ISTANDRESS) MRE ADMISSION) MRE ADMISSION) MRE ADMISSION) MRE ADMISSION 13 MOTH RE CURITY NO. 17 INFORM OO59 MR.	DE CITY LIMITS? LOCAL HER'S MAIDEN NAME LOCA	P BALTIMORE CITY OR CO DORSEY, MARY 126. USAL LOCUPATOR OF WOR INTEREST ADDRESS 7516 RIDGE RO E ADDRESS	CATTHE	ER AD
UNITY LAND Y OR TOWN OF DEATH DRSEY I RESIDENCE (# NURSING HOW ATE 136 C INY LAND INGER'S NAME JONES AS DECEASED EVER IN U.S. S, NOOF UNKNOWN) (# YES IN CAUSE OF DEATH LENTE PARTI. DEATH WAS CA IMME 4409 Conditions, if any, which	U.S.A. 11. NAME OF HOSPITAL, NURSI 15 NOIN SUCHFACILITY GIVE STREET AND OTHER INSTITUTION, GIVE RESIDENCE BEFO COUNTY MIDDLE OLIVE S. ARMED FORCES? 6. GIVE WAR OR GATES) Per only one cause per line for (a), (b), o RUSED BY: DIATE CAUSE (a) DUE TO, OR AS A CONSEOL	MARRIED NEV WIDOWED ING HOME OR OTHER ET ADDRESS) DRE ADMISSION) WN 134 INSI YES 15 MOTH R CURITY NO. 17 INFOR	DNORCED INSTITUTION DE CITY LIMITS? INSTITUTION DE CITY LIMITS? INSTITUTE INST	DORSEY, MARY 1728. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK homemaker 173. STREET ADDRESS 75.16 RIDGE RO E MIDDLE ADDRESS	YIAND 175 KIND OF B INDUSTRY HOME DAD GAITHE	ER AD
Conditions, if any, which	ME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORD OUNTY 136 CITY OF TO DORSEY MEDDLE OLIVE AMDDLE OLIVE AMDLE OLIVE AMDLE OLIVE AMDDLE OLIVE AMDLE OLIVE AMDLE OLIVE	PRE ADMISSION) WN 134 INSI YES 20 15 MOTH R CURITY NO. 17 INFORM OO59 MR.	DE CITY LIMITS? NO HER'S MAIDEN NAM EMMALTNE	NOTE OF WORK FOR MOST OF WORK NOTE OF WORK NOTE OF WORK FOR MOST OF WORK NOTE OF WO	OAD GAITHE	ER AD
THER'S NAME JÖNES AS DECEASED EVER IN U.S. S, NOO! UNKNOWN! 18 CAUSE OF DEATH LEINT PARTI. DEATH WAS CA 4409 Conditions, if ony, which	MIDDLE OLIVE S. ARMED FORCES? S. GIVE WAR OR GATES) or only one cause per line for Io1, (b1, on NUSED BY: DIATE CAUSE (a) DUE TO, OR AS A CONSEOL	R SURITY NO. 17 INFORMATION IN THE PROPERTY NO. 18	HERS MAIDEN NAM EINMALTNE PRMANT	MIDDLE ADDRESS	GAITHE	AD
AS DECEASED EVER IN U.S. S, NOOFUNKNOWN) (# YES IS CAUSE OF DEATH LENTE PARTI. DEATH WAS CA IMME 4409 Conditions, if any, which	S. ARMED FORCES? S. GIVE WAR OR GATES) er anly ane cause per line far (a), (b), o NUSED BY: DIATE CAUSE (a) DUE TO, OR AS A CONSEOL	R CURITY NO. 17 INFOI OO59 MR.	EMMALTNE PRMANT	ADDRESS	16 RIDGE ROA	AD
18 CAUSE OF DEATH (Entre PART I. DEATH WAS CA	er anly ane cause per line far Io1, (b), a NUSED BY: DIATE CAUSE (a) DUE TO, OR AS A CONSEOL	0059 MR.				
H409 Conditions, if any, which	DUE TO, OR AS A CONSEOL	preuma			APPROXIMAL BETWEEN ONS	TE INTERV
gave rise to immediate cause (a) stating this underlying cause last PART 2 OTHER SIGNIFICA 9a DATE OF OPERATION	DUE TO, OR AS A CONSEQU	DEATH BUT NOT RELA	,**	20a AUTOPSY? 20b.	. IF YES, WERE FINDING: CERTIFYING CAUSES OF	S USED F DEATH
216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O (IF EITHER, NOTIFY MEDICAL EXAM	F DEATH HOUR A.M. MONTH	DAY YEAR	W INJURY OCCURRE	ED (ENTER NATURE OF INJURY IN IT		
WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	, FARM, ETC.) 211 LOC.	ATION	CITY OR TOWN	COUNTY	STA
saw the deceased alive above, (1) (well-did) (did 22b. SIGNATURE	d not) view the body after death.	DEGREE	ATTENDING PHYSICIAN	MEDICAL STAFF	nd haur and from the cau	GNED
22d. PHYSICIAN'S NAME (T)		529			-inthicum ld	63 1
E. Rodeki		NAME OF CEMETERY		TARL LOCATION	COUNTY	
22	of certify that (I) (this saw the deceased alived above, (I) in elicitation (displayed). b. SIGNATURE A PHYSICIAN'S NAME (T	d Certify that (1) (this hospital) attended the deceased from saw the deceased alive an above. (1) we lightly (did not) view the body after death. B. SIGNATURE Physician's NAME (TYPE OR PRINT) E. Rodert of Shiphey	a Certify that (1) (this hospital attended the deceased from Saw the deceased alive an Saw the deceased alive an Saw the deceased alive an Saw the bady after death. b. SIGNATURE DEGREE DEFINITION OF PRINTING SIGNATURE DEGREE DEGREE ADDITION OF THE	a Certify that (1) (this hospital) attended the deceased from 19. If an 19. If an 19. If a saw the deceased alive an 2 - 3 - 40 - 19. If a saw the deceased alive an 2 - 3 - 40 - 19. If a saw the deceased alive an 2 - 3 - 40 - 19. If a saw the deceased alive an 2 - 3 - 40 - 19. If a saw the deceased alive an 2 - 3 - 40 - 19. If a saw the deceased from 19. If a saw the deceased alive and the deceased from 19. If a saw the deceased alive and the deceased alive and the deceased alive and the deceased from 19. If a saw the deceased alive and the deceased from 19. If a saw the deceased alive and the deceased from 19. If a saw the deceased alive and the deceased from 19. If a saw the deceased from 19. If a saw the deceased alive and the deceased from 19. If a saw the deceased alive and the deceased from 19. If a saw the deceased fro	a Certify that () (this hospital) attended the deceased from	a Certify that (1) (this hospital) attended the deceased from 19.79, to 2-4 19.80, tho saw the deceased alive an 2-3-80 and that in (my) (per opinion death accurred on the date and haur and from the condove, (1) (per opinion) (did not) view the body after death. DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN STAFF PHYSICIAN'S NAME (TYPE OR PRINT) E. Roderick Shipter Syg Champ Meade Dy Linthicum Medical Director Meade Dy Linthicum Medical

0 2 7 6				
02 01 0 20				
	7 OL 10) 9		DAIGH	STALES.
STATERAL, TOO				partir.
a on seven save			78.1	
16 /1 :: (30)	7			m/arith L
AREATAO	arranda i - i	REVILLO		Restot Editor
THE VEST WILLIAM SHOWS AND ADDRESS OF THE PARTY OF THE PA	100 *			IN U

1	- STATE REGISTRAR	DEPAKTA	CERTIFICATE OF DEATH	REG. NO	0298	3
	PECEASED NAME FIRST	WIDDLE	Shepherd	20. DATE OF DEATH	02 07 80 7	JR 19
ones after d	EX	WHite	5 DATE OF BIRTIN	& AGE (IN YEARS LAST BIRTI	DAY) IF UNDER I YEAR IF UNDER	MIN
72 ho	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	TE CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	PINIUE H	PUNDEL	MI
ed within	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	G HOME OR OTHER INSTITUTION	THE OF WORK FOR MOST OF		HO &
e d be	UAL RESIDENCE (IF NURSING HOME OR STATE MD. 136 SOUN	OTHER INSTITUTION, GIVE RESIDENCE BEFORE	Na / 13d. INSIDE CITY LIMITS!	13. STREET ADDRESS	HN HOPKINS 1	3.
10 mg 2 mg	FATHER'S NAME TAMES	W. WAYSON	15. MOTHER'S MAIDEN NA	HihorED	Doub	-
Pages 1 ar	WAS DECEASED EVER IN U.S. AR. 14ES, NO ORUNKNOWN) (IF YES, GNE	MED FORCES? 166 SOCIAL SECU WAR OR DATES) 215-114-4	1908 NORHAN W. S	HENHERD	h. # 13	
physical papers. emoval. Itic even	IS CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE)	ly one couse per line for (o), (b) D BY: E CAUSE (a)	REAST	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	BETWEEN ONSET AND	DEATH
or other traumatic	Conditions, if ony, which gove rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQUE				
to burial, c	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO D	EATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR COND	DITION GIVEN IN PART 1(0)	
Hygiene prior to m 18 shows any in the shows and in the shows any in the shows and in the shows any in the shows any in the shows and in the s	1% DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FINDINGS USE IN CERTIFYING CAUSES OF DEA YES \(\) NO (TH?
0 - 0	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER)		Y YEAR		Y IN ITEM 18, PART 1 OR PART 2)	
marked or Its	214 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY LATHOME, STREET, FACTORY, OFFICE, F	211 LOCATION STREET	CITY OR TOW	N COUNTY S	TATE
of Heali em 21 is	220 certify that (I) (this hospit saw the deceased alive on above, (I) (see) (did) (did not	2/7/80 19 view the body after death.	, and that in [my] (eer) opinion	, to2/7/8/ death occurred on the do	te and hour and from the causes st	
detached tate Dept	STOWARD COM	en d n	DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	FIAN DE SIGNED	
PORTA	S.W. WATE	WS	121 CHHEDR	ah St. Hun	unpolis MD.	- 13
O de se	DURINL CREMATION, REMOVAL	2/9/80 4	MEST CEMETERY ORCHEMATORY	HWWAPE	Lo PAA H	Ď.
H-16 25M 15, 4) 1/79	hull of furx	or luipo	LMD FFF	e reco by registrar:	HA REGISTRAR'S SIGNATURE	

A STATE OF THE STA The second state of the second CON Synth Smaggher Lill - Control of the AN CHARLEST TRANSPORT TOWNS FOR THE PARTY

	THINKTON (DIAN STATE		
Application of the second of t			ntinge	
the Market Senting (VC)				
ATT North Homes,	X PAGE	d Leberro p	en Court	
material at alex		roland	ie il in mali	
I cuper.D				
×				

Pasadena.

Tully F. H. Mountain & Tick Neck Rds.

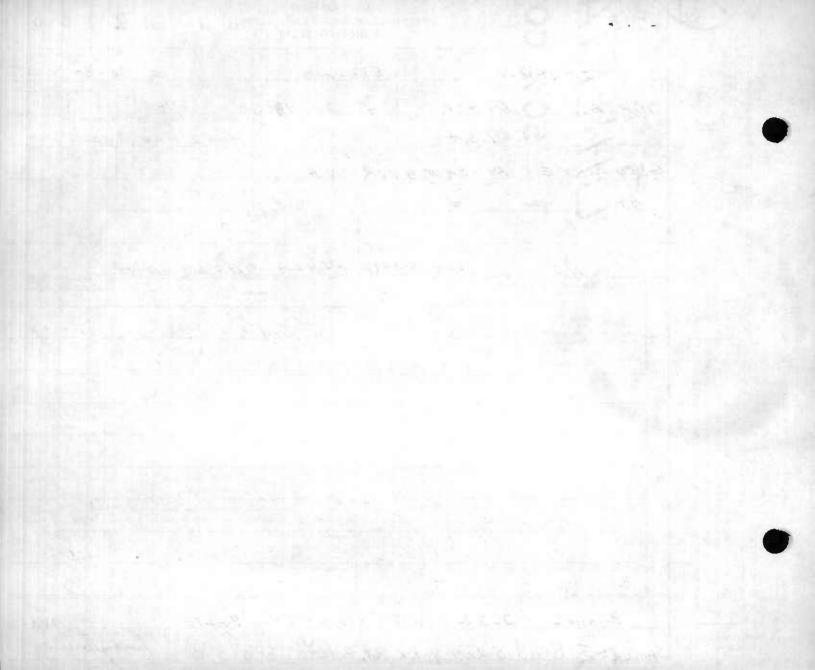
DHMH-16 25M

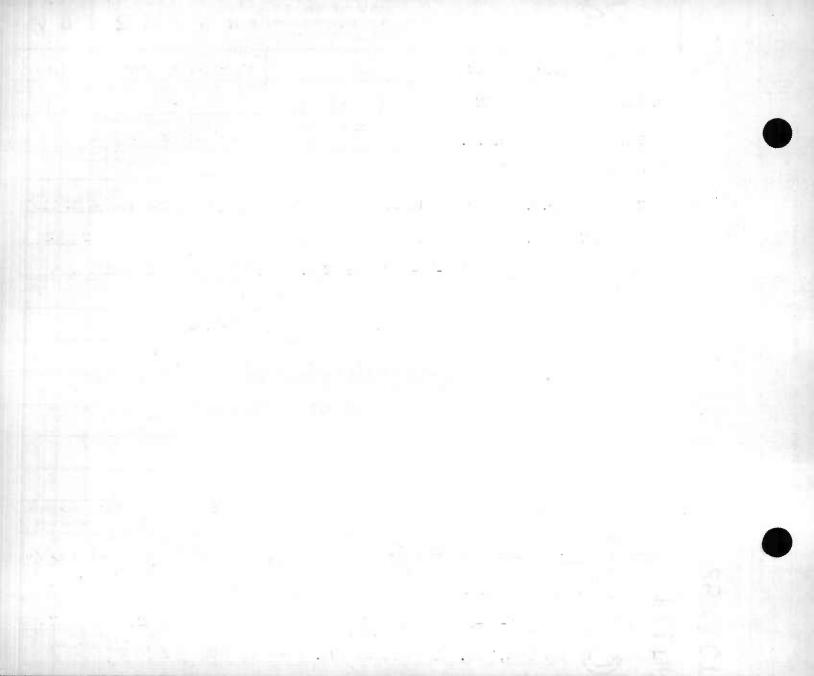
(VRA 15, 4) 1/79

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

res			
USKUARY 11, 1980 3:30P		Garage Constitution	HATTAR
		grine (him)	
ANNE ARENDEL CURNTY			
grantes of the control of the contro			
- The Market State of	x	tin land share	
AL DR, BLEM BURNIE, MARYLANI			
	no 1233 n	Visite of the	J-Last 9
The state of the s			or all what he was

0	1.	STÀTE REGISTRAR		DEPAR		EALTH AND MENTAL HYG ICATE OF DEATH	REG. N	0	dia.	7 (0 0
1	1. DE	CEASED NAME FIRST		WIDDIE	L	AST	20 DATE OF DEATH	MONTH	DAY	YEAR	26 HOUR
/		GARF	TELD		57	EVENS		02	20	30	3,52
	3 SE		4 RACE		5 DATE C	F BIRTH YEAR	6 AGE (IN YEARS LAST BIR	THDAY)	IF UNDE	ER I YEAR	IF UNDER 24 HRS
	_	MALE	BLA	CK	4	20 1900		79 YRS.		CATS	FIOURS MILE
00	7a. B	RTHPLACE STATE OR FOREIGN		WHAT COUNTRY	? 8	NEVER MARRIED	9 BALTIMORE CITY	R COUN	TY OF DE	ATH	
8/1			4.3	A.	WIDOWE		ANNE 1	RWA	VOE	2	M
2	10 C	ITY OR TOWN OF DEATH		HOSPITAL, NURS		ROTHER INSTITUTION	120. USUAL OCCUPAT	ION	12b		F BUSINESS O
70	G	LEN BURNIE		ZAMA		NH.	(TITE OF WORK FOR MOST	ZF WORKING	rinel i lide	7031K1	
	USU.	AL RESIDENCE (IF NURSING HOME STATE 136 .CO	OR OTHER INSTITUTION		RE ADMISSION)	134 INSIDE CITY LIMITS?	13e STREEL ADDRESS				
35		1 1 7	27	3	***	YES NO P	136 STATE ADDINESS				
ne	14 FA	ATHER'S NAME	WIDDIE	LAST		15 MOTHER'S MAIDEN NA	ME MIDDLE				
199		PIKSI	MIDDLE	LASI		F#51	WIDDLE			LAS1	
0		VAS DECEASED EVER IN U.S.		166 SOCIAL SEC	URITY NO.	17 INFORMANT	ADDR	ESS			
7		YES, NO OR UNKNOWN) (IF YES, C	GIVE WAR OR DATES)	22405	-5597	PLAZA	MANGE	N.	14		
		18 CAUSE OF DEATH (Enter	only one couse per	r line for 101, 161, 0	ind ic			7 1 1		APPROXI	MATE INTERVAL
		PART I. DEATH WAS CAU	ISED BY	W. sour	atom	arrest					men
2		1629		DAS A CONSEQU	UENCE OF		1 1			112	
		Conditions, if ony, which	DUE TO, O	RASA CONSEQ	i Inan	In soll	wene,			Im	onthe.
		gove rise to immediate couse (a), stating the	10)	Bas a consto	VIENCE OF	, //					
5		underlying couse lost.	DUE 10, 0	RAS A CONSEQUE	1 SEALAC	Carinima	interna	Tre			
		PART 2 OTHER SIGNIFICAN	IT CONDITIONS C	ONTRIBUTING TO	DEATH BUT		INAL DISEASE OR CON	DITION G	IVEN IN	PART 10	
	N N	7 99									
1	A	198 DATE OF OPERATION	196 COND	ITION FOR WHIC	H OPERATION	WAS PERFORMED	20s AUTOPSY?	20b. IF Y	ES, WERE	FINDIN	GS USED
4	TIEK		91				YES NO		TIFYING (LAUSES	OF DEATH?
0	CERTIFICATION	210. ACCIDENT WAS UNDERLYING	216 TIME C			21c HOW INJURY OCCUR				PART 2]	
7		OR CONTRIBUTING CAUSE OF	OF WILL	.M. MONTH I	DAY YEAR						
1	MEDICAL	21d. INJURY OCCURRED	21e PLACE	OF INJURY		211 LOCATION					
	ž	WHILE NOT WHILE AT WORK	(AT HOME, ST	REET, FACTORY, OFFICE	, FARM, ETC.)	STREET	CITY OR TO	WN	COL	INTY	STATE
		22a. I certify that (I) (this ha	spital) attended th	ne deceased from	7	(174 19	10 2/3	70	. 19 5	(1)	hat (1) (we) to
		sow the deceased olive	on //36	19	St on	d that in (my) (our) opinion	death occurred on the d	ate and he	our and f		
		obove, (I) (we) (did) Jelid 226. SIGNATURE	not) viewitke body	offer deaf		/ DEGREE				C. DATE S	
		Fort	Wall	A Mill	11/1	ATTENDING	MEDICAL STA			2/21	1/50
1		22d. PHYSICIAN'S NAME (TYP	PE OR PRINT)	DE PUVA	11. 4	PHYSICIAN [DIRECTOR PHYSIC	IAN [] °		lexit	00
1		FDW/ORX	D. 1/1	NIT		0/174	WAND 1	7			
J	220	BURIAL, CREMATION, REMOV	AL TOP DATE	122	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION	_			
	230. (SPECIFY D A A	AL 23b. DATE	· 11. 1	17 P	11	CITY OR TOWN	^	COUNTY	1	STATE
	24 F	UNERAL DIRECTOR	04-06	2-80/1	11. Ch	IVERY CEM	E REC'D. BY REGISTRAR	25h REC	TRAR'S	SIGNIATI	196
	1	muet T. Re	del co	ADORESS	121	md. Dal	R 2 1 1980	J.	in the same	ne	Crook
	\square	MUDL I. NE	(10 J X	DT YOK	K Kd.	DHLTC, IT	D 6 1 1300		-/		1





ADDRESS

SINGLETON FUNERAL HOME, Glen Burnie, Md

250. DATE REC'D. BY REGISTRAR 25b. TEO STRAR'S SIGNATURE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

FOR - STATE

REGISTRAR

24 FUNERAL DIRECTOR

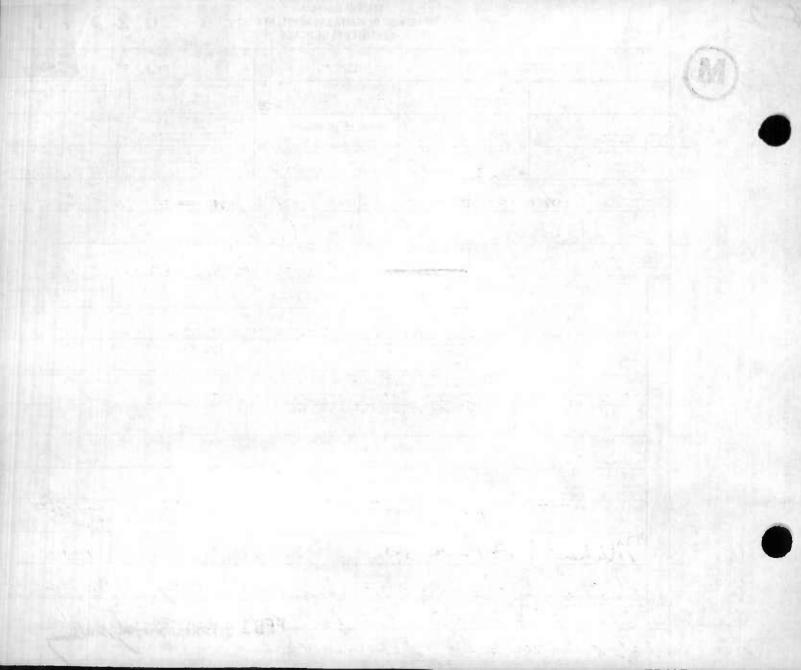
DHMH - 16 50M 7/77

(VR A 15 (4))

FEBRUARY NO. 1986	Charles And Annual English
	note at the state of the state of
YTHUO MANUEL THA	A In telepool months of the
	CLEANED RIVER - NORTH ORUNALE HOSPITAL
	z schweight (Samersann) Sonzwei
La Color Ligarda La Sul	Automorphisms (Automorphisms (Automo

PRINCE A VANUES CONTRACT OF THE PRINCE OF TH

ANDREW JOSEP WITHIRT Y TERRENTY TR. TERRENTY TR. Male walte April 2, 1923 | 56 H. Blan YTHURD I THURN BINDS Einev Gyerns T Fig. 2 Control Artifactor | Later | March | Control Control | Control Control | Control Control Control | Control Cont od. a.t. do. Glen produce of 216 Vernon ave. ndres Teriling Teriling Contract front CHOY YOUR Harland 2/15/10 Larrayood Cometery Ealthore, Saryland 191 to 2122 wire of those whose sinch of service



DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2 0

		REGISTRAR			CERTIF	ICATE OF U	DEATH	REG. N	0.			
		CEASED NAME FIRST	4	AIDDLE		AST C	1	20. DATE OF DEATH	MONTH DA	AY YEAR	26 HOUR	5
	3. SEX	IALE	4. RACE NEGRO)	5 DATE C		1909	6. AGE (IN YEARS LAST BIR		IF UNDER 1 YEAR	IF UNDER 24	M HRS
F		RTHPLACE (STATE OR FOREIGN DUNTRY)	TE CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOWE	D KKNEVER /	MARRIED	9 BALTIMORE CITY OF ANNE ARUN	R COUNTY			MD.
100		ANNAPOLIS	ANNE AF	OSPITAL, NURSIN HACUTO GIVE STEEL UN DEL GE	VERAL			178 USUAL OCCUPAT (TYPE OF WORK FOR MOST C		12b. KIND C INDUSTRY	F BUSINES	SOR
3	USUA 13a S MA	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN A.A.	OTHER INSTITUTION, ITY	GIVE RESIDENCE BEFORE 130 CITY OR TOWN ANN APOL	ADMISSION)	13d. INSIDE C	110	13e. STREET ADDRESS Ches	ter Av	enue		
21	14. FA	THER'S NAME CHARLES	MIDOLE	THOMPSON	Ŋ	15 MOTHER	MARY	MIDDLE		JENKT	İS	
1	16a V	VAS DECE ASED EVER IN U.S. AR.	MED FORCES? WAR OR DATES)	218-12-90		CATEER		OMPSON 409	4 34	nnapol: r Ave.	1s,Md 214	03
979	MEDICAL CERTIFICATION	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT CONTROL CONTRIBUTING CAUSE OF ORE CONTRIBUTING CAUSE OF ORE (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	DUE TO, OI CONDITIONS CC I9b. CONDI 19b. CONDI ATM HOUR A. P. 21c. PLACE 6	TION FOR WHICH FINJURY M. MONTH DA	DEATH BUT OPERATIO AY YEAR 19	Liu 79 N WAS PERFO	D TO THE TERM. ORMED JURY OCCURR	INAL DISEASE OR CON ALLE TYME 200 AUTOPSY? YES NO RED (ENTER NATURE OF INJU CITY OR TO	DITION GIVE 20b. IF YES, IN CERTIFY YES RY IN ITEM 18, PAR	WERE FINDING CAUSES	NGS USED	
State of		WHILE AT WORK DATWORK AT WORK DATWORK	21	8 19		DEGREE	ATTENDING	death accurred on the d	FF	ond from the		-
1		22d. PHYSICIAN'S NAME (TYPE OF	R PRINT)	LLEN	/	22e. ADDRES		edral st		mui	No.	

BP. DHMH - 16 50M 7/77 (VR A 15 (4))

director, page of haurs offer death

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral dishould be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filled within 72 hai with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. MPORTANT: If Item 21 is marked at Item 18 shows any injury, at other troumatic event, the medical examiner must be patified at an

74 FUNERAL DIRECTOR
WILLIAM REESE & SONS MORTUARY, P.A.

23b. DATE 2-12-1980

230 BURIAL, CREMATION, REMOVAL BURIAL

23c. NAME OF CEMETERY OR CREMATORY PINELAWN MEM. PARK

Annapolis

A. A.

Maryland

Annapolis, Md. 250 DATE REC'D. BY REGISTRAR 256 BEGISTRAR'S PROPERTY.

	100				
	6 D.L. (Lillar
TAND A LITTLE SHE					CIGNATURE
	JAPUNGOR J	ARTES JA	ANUL APLY	21.	
ore via netra do 2014		and shift		. A . A	(TIVAYSA)
auton.	Yak Fil	- Instru			
named to the to the cold of the		1302-3 F=			0.5

b	1.	FOR STATE REGISTRAR		TH AND MENTAL HYGIEN TE OF DEATH	REG. NO	029	9 3
9 C E	1. DE	CEASED NAME OR PRINT) ALLA	S Tole	5	o. DATE OF DEATH M	ONTH DAY YEAR) - 24-80	26. HOUR M
ge 4 moy setter, pa	3. SE		RIACE S. DATE OF BIR	RTH DAY YEAR 16.	AGE (IN YEARS LAST BIRTH	DAY) IF UNDER I YEAR MONTHS DAYS YRS.	IF UNDER 24 HRS HOURS MIN
Page 1973		MONIC VA	U.S.H. WIDOWED	DIVORCED	Baltimore city or	COUNTY OF DEATH	Trunds
ofter d	10 C	TY OR LOWN OF DEATH 11.	NAME OF HOSPITAL, NURSING HOME OR OT (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 24 OLDEN NSTOWN RE	HER INSTITUTION 12 HAME HAMMED DO COMO,	USUAL OCCUPATION OF OF WORK FOR MOST OF	N 17h KIND O	F BUSINESS OR
VD 212	13a. S	AL RESIDENCE (IF NURSING HOME OR OTH STATE 13b. COUNTY RYYANG	ER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13c. CITY OR TOWN 13d.		STREET ADDRESS A	NHE ARUNDE	(Co.
i, MARYLAI uted within completely is 1 and 2 sho	14. FA	N KNOW W		MOTHER'S MAIDEN NAME	WIDDLE	Chin	N
MORE, e execu	16a V	VAS DECEASED EVER IN U.S. ARMED (IF YES, GIVE WAR	Propries 16 SOCIAL SECURITY NO. 17. II	ISIO MAC.	Toles 724	s	
		18 CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED BY IMMEDIATE C.		Failure		APPROXIA BETWEEN O	MATE INTERVAL ONSET AND DEATH
W. PRESTON 9 st the death ce to the attending te remove corb cremotion, or r ther traumatic		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF	yelorna *	Hypercal	remia yea	in .
w 5 5 5 7 7 7	NOI	PART 2. OTHER SIGNIFICANT CON	IDITIONS CONTRIBUTING TO DEATH BUT NOT	RELATED TO THE TERMINA	al disease or cond	ITION GIVEN IN PART 1(a	1,
VITAL RECOR	CERTIFICATION	19a. DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WA	AS PERFORMED	20a. AUTOPSY? YES NO NO	20b. IF YES, WERE FINDIN IN CERTIFYING CAUSES YES	OF DEATH?
ON OF VITAL RE ON OF VITAL RE INTEGRAN: The lo ding physicion. Serrificate receptions and per Mental Hygiene p Amental Hygiene p re them 18 shows		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	. HOW INJURY OCCURRED	(ENTER NATURE OF INJURY	IN ITEM 18, PART 1 OR PART 2)	
VISIO	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	LOCATION	CITY OR TOWN	COUNTY	STATE
TTENDIII or pitol or CTOR: A for use of Health		27a.1 certify that (I) (this haspital) sow the deceased alive on above (Diwe) (did) (aid not) viii	2/18 19 80 and the	19 77 at in (my) (aur) apinian dea	th occurred on the dat		that (1) (we) last causes stated
TAL OR, y the ho RAL DIRE detocher forte Dept		226 SIGNATURE WO	to bury to DEGR	ATTENDING PHYSICIAN (F)	MEDICAL STAFF	271. DATE S	5/80.
TO HOSPITAL OR A retoined by the has TO FUNERAL DIRECT should be detached with the State Dept.		22d. PHYSICIAN'S NAME (TYPE OR PRIN LARRY WA	TERBURY M.O.	4940 E	asken out.	Boek, hel. 2	1224.
		BUMAL	2-29-80 Cedar Hi	TERY OR CREMATORY	AMO ATU	Idel Co.	MA STATE
DHMH-16 60M 1/73 (VR A 15 (4))	W. FI	MERAL DIRECTOR J.SPI	cer 1639 X Broad	dway FEB	2 6 1980	Sh. RECASTRAR'S SIGNAT	ready

Lalla C. Salla L. A Visit of the Control of the Contro and the second and the second At water care and a second of the second of LINE THE PARTY OF Service of the servic THE PARTY AS LONG IN THE THE PARTY AND ASSESSED AS A PARTY OF THE PART

							TE OF MA							
1	FOR STATE							ND MENTAL		75	0	2	9 9	4
	REGIST		FIRST		MIDDLE			RTIFICATE			REG. NO.	- Free		
	PECEASEI				TO CHI	-	LAS	/_		OF E	STI-	ONTH DAY	_	26 HOUR
	-11		Jame		0.	/	041	15/6	9	DEATH MA	ATED 🔄	> >3	3 1980	PN
3. S	EX	4. RA	4 4		DAY YEA	6. AGE (IN YEA		DAYS HOURS	PR 24 HRS.	RONOUNCE	D	ONTH DAY	YEAR	2d. HOUR
	N		w	Jan 2	1899		S.			DEAD	2	- 23		M
7a.	BIRTHPLA FOREIGN CO	CE (STATE OF		76. CITIZEN O		UNTRY?	8. MARRIED	☐ NEVER MAI	RRIED -	9. BALTIMOR	E CITY OR CO	DUNTY OF	DEATH	
-	CIEV ON	M.C	and the same of th		S.A.		WIDOWED	24	RCED 🗆	HUN	e ME	·UNO	21.	MD
9	The	Bi	enje	(IF NOT IN SU	CHEACILITY, GR	VURSING HOME VE STREET ADDRESS)	el. H	as pite i	Z Ele	ost of working vator	Oper:	0	(IND OF BL OR INDUST	RY
	STATE MC		13b. COUNT A . A	TY _	IN, GIVE RESIDE	NCE BEFORE ADMISSION OF TOWN	130	A. INSIDE CITY LIMITS	13e. STRE	et address Hammo	nds L	ane		
14	FATHER'S					-		MOTHER'S MA						
	FIRS	ames		MIDDLE	Town	slev	350	Imogen	e	Win	ifred	Din	vert	J
160.	WAS DE	CEASED EVE	R IN U.S. ARA	AED FORCES?		OCIAL SECURITY	' NO. 17.	INFORMANT			ADDRESS			,
В	NO	R UNKNOWN)	(IF YES, GIVE V	WAR OR DATES)			M	rs. Jo	sie K	enny :	same a	as 13	3 e	
-	18 C	USE OF DEA	ATH (Enter ani	y one cause pe	line for (w).	(b), and (c),)	-	f		/		A	XIMATE	E INTERVAL
	PA	RTIDEATH	WAS CAUSED	BY:	nte	isch	erel	ec C	7/			(3)	ONSE	I AND DEATH
	14	29.) IMMEDIAT	-	OR AS A C	ONSEQUENCE C	OF .				10-10	1	The Manney of the Parket	سر
n		onditions, if		4.										
			immediate	DUE TO	OR AS A C	ONSEQUENCE C)F			2/10/20				10.5
	_ly	ing cause las	<u>t.</u>											
	PART 2	OTHER SIGNIFICA	ANT CONDITIONS C	ONTRIBUTING TO D	EATH BUT NOT F	ELATED TO THE TERMI	NAL OISEASE OR	CONDITION GIVEN IN	PART 1 (n)					
Z														
ATI	19a. D	ATE OF OPER	RATION	19b. CO	NDITION FO	R WHICH OPER	ATION WAS	PERFORMED?				20.	AUTOPSY	?
LIFIC	1					1154						33	YES 🗆	NO K
CERTIFICATION	21a E	TERNAL CAL			E OF INJUR		21c. HOW	INJURY OCCUR	RED LENTERN	ATURE OF INJURY	IN ITEM 18 PART 1	OR PART 2)		
		RLYING	OR CAUSE OF D		A.M. MON	TH DAY YEAR								
MEDICAL	21d. IN	JURY OCCU	RRED	21e. PLA	CE OF INJU	RY (AT HOME,	21f. LOCA							
W	WHILL	ORK AT	T WHILE	STREET	, FACTORY, FAR	A, ETC.)	STREE	ET		CITY OR TOWN	-	COUNTY		STATE
		in the same	SECTION SILL		/									
			Hook charge	e of the remains			Autopsy	L. Inspec		Inquiry		my apinian		
	deot	resulted fro	- Contract	ouses .	Accide	nt L., Sui	cide 🔲.,	Homicide L_	. Undete	rmined monne	er L,			
	ACTU	11/6	1) . 1	(m)			TITLE (SPECIFY)			D	DATE	2/13,	100
	SIGN	THE STATE OF	fore.	19 KLAS			M.D.	pepay ;	MEDI	CAL EXAMINE		IGNED	2/12/	0
-	EXAM (TYPE	INER'S NAMI	E.F.	hishi	andi		AD	DRESS #	my	hali	hel			
23a	BURIAL,		REMOVAL 2			. NAME OF CEM			23d. LO	CATION		COUNTY	5'	TATE
		Buria	aT	2/26/				Mem Pk		1timo:		aryla	and	
190	NAME	DIRECTOR		, ADI			225	25a. DAT	D O C	REGISTRAR 2	25b. RESISTRA	IR'S SIGNA	TURE	
(Geor	ge J.	Gono	e 400:	1 Rit	chie H	gwy	FE	DLh	19811	and her	YMAL	ready	

7 16, 9081 S may 3 1899 31 75 AND THE RESERVE OF THE PARTY OF emai sintemment x x x x x manufacture i anne where to the armonic velame sens. e El en emma variab elso. .txi Portal 2/26/50 Mendorite e les un latitore, lorgiand THEMS OF LIE West sinctim 1004 nerod . a saved STATE OF MAKTLAND

a Turner of the contract of th parties and contestions extra despite the first The Assessment of the Control of the Style Europe of the contract o

- STATE REGISTRAR			Jul XXIII		ATE OF I	DEATH	inte o	REG. N	10.	0 2	7	7	O
1. DECEASED NAME	FIRST	MIDE	DLE	LAS	T		2e. DATE OF	DEATH	MONTH	DAY	YEAR	2h HOL	JR
[TYPE OR PRINT]	Obi	Nio	6.	1	ai	SR.		Ĺ	72-	0/2	-80	121	SP
3. SEX		4 RACE		5 DATE OF	BIRTH		& AGE INYE	ARS LAST BIR	THOAY)	IF UND	ERIYEAR	IF UNDER	24 HRS
ma	LE	wni	10	MONTH	DAY	OS YEAR	رد	4	YR:	MONTHS	OAYS	HOURS	MIN.
TO BIRTHPLACE STATE	IACKSONS ON S	THE CITIZENI OF WH	AT COUNTRY?	I i			0 PALTIMAC	DE CITY C	OR COUR	ITY OF D	EATH		

COUNTRY MARYLAND USA

136 COUNTY

MARRIED NEVER MARRIED WIDOWED | DIVORCED

YES [

ANNE ARUNDEI 12a USUAL OCCUPATION

12h, KIND OF BUSINESS OR

IN CITY OR TOWN OF DEATH ANNAPOLIS

NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) ANNE ARUNDEL GENERAL HOSPITAL (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)

13c CITY OR TOWN

(TYPE OF WORK FOR MOST OF WORKING LIF SALESMAN 4048 Cadle Creek Rd.

INDUSTRY INSURANCE

USUAL RESIDENCE MARYLAND 4 FATHER'S NAME

13a. STATE

MIDDLE

EDGEWATER LAST

15. MOTHER'S MAIDEN NAME SUE

MIDDLE

JONES

FIRST PHILIP

VATL

ANNE ARUNDE

166 SOCIAL SECURITY NO

17 INFORMANT

(YES, NO OR UNKNOWN) NO

16e WAS DECEASED EVER IN U.S. ARMED FORCES? IF YES, GIVE WAR OR DATES!

IMMEDIATE CAUSE (O

577-03-8052 IS CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)

ADDRESS Edgewater. md. MARY E. VAIL 4048 Cadle Creek Rd. 21037

PART I. DEATH WAS CAUSED BY Conditions, if ony, which gave rise to immediate (a), stating underlying cause last

DUE TO OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF

CERTIFICATION

71a ACCIDENT WAS UNDERLYING

(IF EITHER, NOTIFY MEDICAL EXAMINER)

21d. INJURY OCCURRED

OR CONTRIBUTING CAUSE OF DEATH

TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)

NOD

20a AUTOPSY?

NO [

190 DATE OF OPERATION

216 TIME OF INJURY HOUR A.M. MONTH DAY P.M

(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

YEAR 211 LOCATION

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

CITY OR TOWN

(ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

COUNTY

STATE

22b. SIGNATURE

BURTAL

WEDICAL

ö

saw the deceased alive an

22d. PHYSICIAN'S NAME (TYPE OF PRINT)

22a.1 certify that (I) (this hospital) attended the deceased from above, (1) (we) (did) (did not) view the body after death

21e PLACE OF INJURY

DEGREE

ATTENDING PHYSICIAN

MEDICAL DIRECTOR PHYSICIAN

DHMH-16 20M (VRA 15, 4) 7/7B

ould be deto

0

MPORTANT

24 FUNERAL DIRECTOR

23a. BURIAL, CREMATION, REMOVAL

23b. DATE

23¢ NAME OF CEMETERY OR CREMATORY SOLOMONS METHODIST

23d LOCATION CITY OR TOWN SOLOMONS

(aux) opinion death occurred on the date and hour and from the causes stated

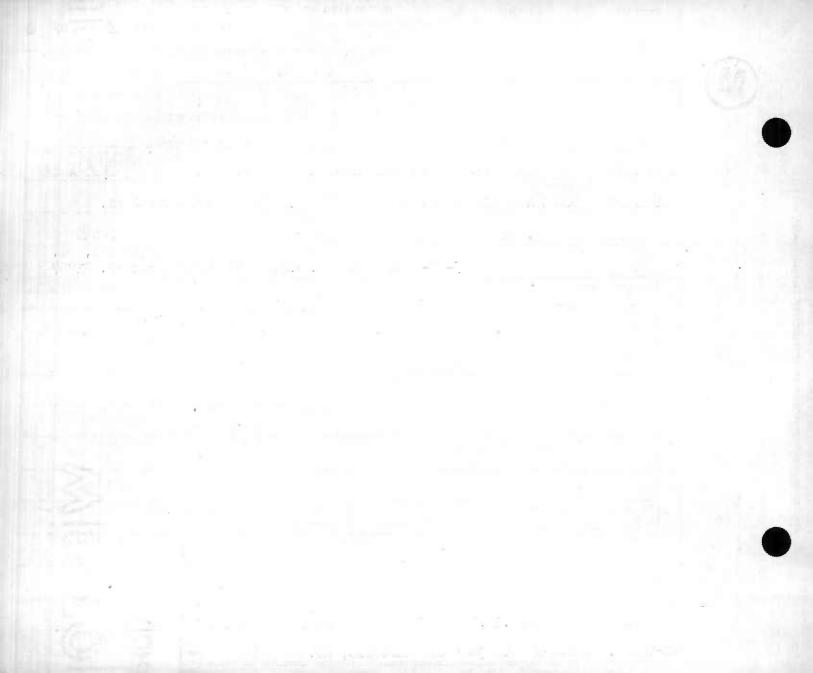
STATE COUNTY CALVERT

221 DATE SIGNED

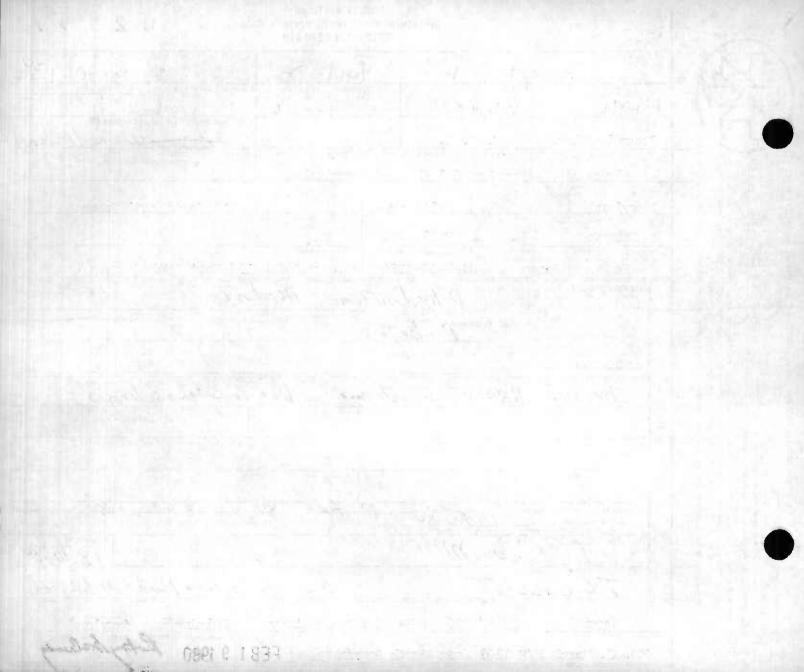
BORGWARDT BOX 34B PORT REPUBLIC, MD.

22e ADDRESS

BY REGISTRAR 256 REGISTRAR'S SIGNATURE

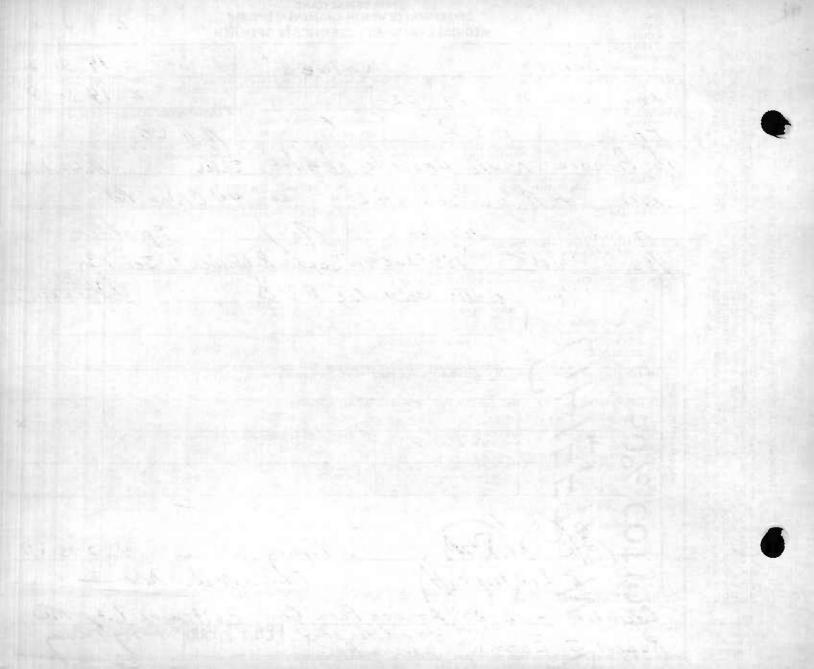


		STATE OF MARYLAND								
	1-	FOR STATE REGISTRAR	DEI	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 0 0 2 9 9 7						
	I DE	CEASED NAME FIRST	MIDDLE		AST ,	REG. No. 2a. DATE OF DEATH	O. MONTH DAY	YEAR (Th HOUR	
(A)		Robe	et H.	V	Ail St.	M. DAIL OF BLAIN	2-15	8-80	26. HOUR SOL	
	3 SEX		Black	S. DATE C		6 AGE (IN YEARS LAST BIR	MO		IF UNDER 24 HRS HOURS MIN	
dre dre	7a Bi	RTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COU	VIRY? 8	18-10	9 BALTIMORE CITY C	P COUNTY O	FDEATH		
36	CC	Laurel, Wisc.	U. S. A.	MARRIEL	DI NEVER MARRIED DIVORCED	Baltin	11.	nne (1	runde	
1 1	10 CITY OR TOWN OF DEATH		11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)			120 USUAL OCCUPATION 126. KIND OF BUSINESS OR				
15.5		Baltimore	Ann Arundel		Hospital	(TYPE OF WORK FOR MOST C	F WORKING LIFE)	INDUSTRY		
2 2	USUA	AL RESIDENCE LENUISSING HOME OF	OTHER INSTITUTION GIVE RESIDENCE	E BEFORE ADMISSION)		1				
33				timore	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	Moselh	7		
-		Taryland V	I Dal	спиоге	15 MOTHER'S MAIDEN NAM	201 East	NOLLU	Avenue		
3500			H. Vai	i, sr.	FIRST	MIDDLE		LAST		
10	16a. W	AS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL	L SECURITY NO	17 INFORMANT	ADDRI	SS			
2 medical	(4	Yes Army 497-05-4362 Marcy Smith 116 East 25th S					5th Str	reet		
papersonal.		18 CAUSE OF DEATH Enter on PART I. DEATH WAS CAUSE	DBY. DEN		on Acia	0515		BETWEEN ON	ATE INTERVAL	
bon bon rem		IMMEDIAT								
endi in, a		2500 DUE TO, OR AS A SONSEQUENCE OF								
atio trau		Conditions, if any, which (b) //HDE/ES								
crem other		couse (0), stating the underlying cause last	DUE TO, OR AS A CON	SEQUENCE OF						
or o			(Ic)					L		
ra bu	Z	PART 2 OTHER SIGNIFICANT C	RAPINI	G TO DEATH BUT	not related to the termi	To Arter				
ony ir	CERTIFICATION	190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 200. IF YES, WERE FINDING						SS USED		
ws o	IFIC					IN CERTIFYING CAUSES OF DEATH?			F DEATH?	
18 sho	ERT	21a ACCIDENT WAS UNDERLYING	216, TIME OF INJURY		21c. HOW INJURY OCCURR	Land Land		lucad .	NO []	
8 9		OR CONTRIBUTING CAUSE OF DEA		H DAY YEAR		tententalone of myon		1 On 1 Ani a)		
Mental or Item 1	Ž.	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	19	NV 10CATION					
o pa	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, O	OFFICE, FARM, ETC.)	21f. LOCATION STREET	CITY OR TOV	/N	COUNTY	STATE	
orke		AT WORK AT WORK					, ,			
E SI		22a.1 certify that (1) (this hospit	100 71.11 6	17	Hela. 19_80		cel- 19	-	ot (I) (we) lost	
of of 21	124	sow the deceased alive on abave, M (we) (did) (did no	r yew the bady after death.	, an	d that in (my) (our) opinion o	death accurred an the di	te and hour o	nd from the co	iuses stated	
ched Sept Item		22b. SIGNATURE	1111 W1-)	DEGREE			22c. DATE SI	IGNED	
T: If		166	was III		ATTENDING PHYSICIAN	MEDICAL STAI		1/87	telos	
AN AN		22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS						1100	- Marian	
with the State		7. C. Cublis 7- Bigos Aves				eSeverna /	HAK.	Md.2	1/46	
× ×	23a. B	SURIAL, CREMATION, REMOVAL	23b. DATE	23c. NAME OF C	EMETERY OR CREMATORY	23d, LOCATION				
100	(3	Burial	2/22/1980	CITY OR TOWN			ro Ma	rvland	STATE	
	24 FL	JNERAL DIRECTOR	2/22/1900	1 Day CHIK		REC'D. BY REGISTRAR		AR'S SIZ NATH	RE	
50M 1/76		NAME	/H 1101 Fact 1			R1 9 1000	Turks	y prels	rody	



months of the control The street at the same of the

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO. DECEASED NAME O. DATE KNOWN MONTH 2b. HOUR LIVE OF PENT OF ESTI-HENR DATE OF BIRTH 6. AGE (IN YEARS | IF LINDER 1 YR IF UNDER 24 HRS 2d HOUR DATE LAST BIRTHDAY PRONOUNCED 62 YRS alhite 12 14 17 DEAD TE BIRTHPLACE INVAILOR Th. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED | DIVORCED OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OF OTHER INSTITUTION. 12a, USUAL OCCUPATION (TYPE OF WORK 112b, KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE TREET ADDRESS) FOR MOST OF WORKING LIFE) **QR INDUSTRY** Sales atomotiv FUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 13c CITY OR TOWN STIMIL VIEW SHIPS 13e STREET ADDRESS NO II. FATHER'S NAME 15. MOTHER'S MAIDEN NAME HIDDLE MIDDLE IN WAS DECEASED EVER IN U.S. ARMED FORCES? IAN SOCIAL SECURITY NO (115 ME OR UNKNOWN) CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c) VEEN CHISET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (A) DUE TO, OR AS A CONSEQUENCE OF gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF fying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 19s, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES NO NO 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING L OR CONTRIBUTING CAUSE OF DEATH P.M. 19 714. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, 21f. LOCATION AT WORK AT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE 22a. I certify that I took charge of the remains described above, held an Autapsy Inspection and in my apinian death resulted from Hamicide Accident Suicide Undetermined manner TITLE SPECIFY ACTUAL PAGE TO PU TYPE OR PRINT) 23e BURIAL, CREMATION, REMOVAL 23b. DATE 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY **DHMH - 17** (VR A15 ME (5)) 15M 7/77



FOR

(VR A 15 (4)) 9/74

WILLIAM REESE & SONS MORTUARY, P.A.

Joret		30-2		
	yrar s			
train mining and				oraz al
		atiminto autoria		atteria dia
t. 1 Jane 400		LEDAY ALL YES	8 L 8	r carna
	ALPANER!	ermy		TOTAL
vice of our contraction in the	nathan and a	2151-213		
		0301		

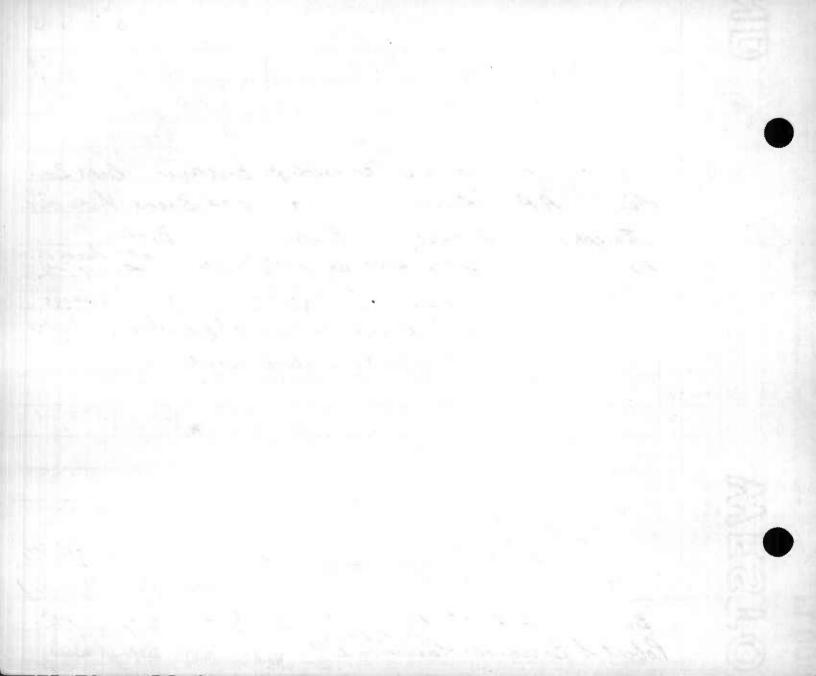
.1:23 6 ... AREAS INTELLED FEORUMENT N, THE SAME THE PERSON NAMED IN בואה בהשוטבו, כסטוודץ 100 and the second of the second construction, accounting the contract of the c

STATE OF MARYLAND

FOR

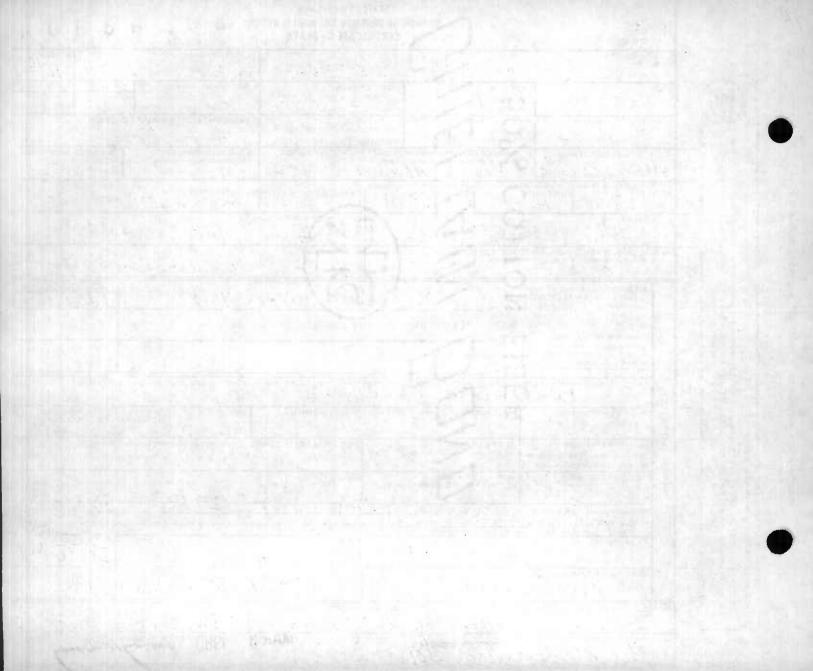
10 7 17 10 1 12 - 2017 - MAM 154 3 8 58 NI The state of the s

	1	FOR - STATE REGISTRAR	DEPARTA	AENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH	GIENE 8 ()	0 3	0 0 3
		CEASED NAME FIRST ANNE	MIDDLE	Wells			YEAR 25. HOUS 4
	3. SI	Female	white	5 DATE OF BIRTH MONTH DAY YEAR 11 Z8 94	6. AGE (IN YEARS LAST BIR	YRS.	DAYS HOURS MIN
84	Ľ	IRTHPLACE STATE OR FOREIGN OUNTRY	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	Anne.	Arunde	ATH M
5	1	ITY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY GIVE STREET	el General Hosp	120 USUAL OCCUPATE (TYPE OF WORK FOR MOST OF	ON 12b. 12b. INDI	KIND OF BUSINESS OF USTRY Redit Beau
35	USL 13 ₀	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION, GIVE RESIDENCE BEFORE	ADMISSION) 13d. INSIDE CITY LIMITS? YES \(\text{NO } \text{D} \)	13e. STREET ADDRESS.	aena b	Vista Aux
2		Joseph	MIDDLE Dietzen	15. MOTHER'S MAIDEN NA REGINA	WIDDLE	Ditter	LASI
)		NAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIVI	MED FORCES? 166 SOCIAL SECU E WAR OR DATES) 3/5-05	-4985 Wanda M	le Cruden	- An	Buena Vis
event, inc		PART I. DEATH WAS CAUSE	oly one couse per line for (a), (b), one D BY TE CAUSE (a)	- 11 + V-12	line	. 85	APPROXIMATE INTERVAL ETWEEN ONSET AND DEATH 2 CUE EKS
Supplied in the same of		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause lost	DUE TO, OR AS A CONSEQUE (b) MOSSISS DUE TO, OR AS A GONSEQUE (c)	e anteror myo	cardial enfo pocular du	nchin /	15-Fiel 80
olu	NO.	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO D	DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIVEN IN P.	ART I(o)
2	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?	206 IF YES, WERE IN CERTIFYING C. YES	FINDINGS USED CAUSES OF DEATH?
9		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		YEAR 19	RED (ENTER NATURE OF INJU	RY IN ITEM 18, PART 1 OR P	PART 2)
3	MEDICAL	214 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC.) 211 LOCATION STREET	CITY OR TO	WN COUN	NTY STATE
		saw the deceased alive an above, (I) (we) (did) (did no	tal) attended the deceased from	, and that in (my) (aux) apinion	death occurred on the d	ote and hour and fro	that (Hr (we) for am the couses stated
		22b. SIGNATURE J.C.	Cullis MD	DEGREE ATTENDING PHYSICIAN	MEDICAL STA	FF C	26-Feb 80
		7, C, Ci	LLis M D	7-A.495 Au	e Severn	a Park	MARYLAN
	L	BURIAL, CREMATION, REMOVAL	23b. DATE 23c N	Pew Cathedral Con	23d LOCATION CITY OR TOWN	CITY	MD.
/7B	24 F	Covert S. Ba	nanco - Seve	and Distriction	AP 3 1980	256. REGISTRAR'S S	Secredy



				STATE OF MARYLAND	0 0	
	1-	FOR STATE REGISTRAR	DEF	ARTMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	3004
sy be age 3 death	1. DEG	CEASED NAME FIRST OR PRINT)	EN M.	WHEELER		7 1980 1110 M
ge 4 mc	3. SEX	FEMALE	4. RACE WHITE	5. DATE OF BIRTH MONTH DAY YEAR 7 - 14 - 187	6 Y YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
in 72	C	RTHPLACE (STATE OR FOREIGN DUNTRY) W. VA.	76. CITIZEN OF WHAT COUNTY	WIDOWED DIVORCED	9. BALTIMORE CITY OR COUNTY	MD.
by the fulled with	9	TY OR TOWN OF DEATH.	NE NOT IN SUCH FACILITY, GIVE	HEUNDEL HOSE	120. USUAL OCCUPATION (TYPE DE WORK FOR MOST OF WORKING LIF	126 KIND OF BUSINESS OR INDUSTRY FOOD SERV.
within 24 hours letely filled in by d 2 should be file ominer must be a	13a. S	AL RESIDENCE (IF NURSING HOME OF TATE 136 COL	INTY. A 13c CITY OF	RNA WES NO DE	130. STREET ADDRESS	TON DV.
ond 2	14. FA	THER'S NAME	MIDDLE CHES	SHIRE 15. MOTHER'S MAÍDEN NA	MATE L	AN GLAST
ician and capers. Pages 1	16a. V	VAS DECEASED EVER IN U.S. A es, no or unithown) (IF YES, G	RMED FORCES? VE WAR OR DATES)	SECURITY NO. 17. INFORMANT HOWARD	W. WHEEL	
n signed by the attending physici Then please remove carbon poper r to burial, cremation, or removal, injury, or other froumotic event, th	NO	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CON (b) DUE TO, OR AS A CON (c)	SEQUENCE OF	RCTION	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH FIND UT 6:5
n. no bermit. ne prior ws any	CERTIFICATION	19a. DATE OF OPERATION	1400	HICH OPERATION WAS PERFORMED	INCERTIF	S, WERE FINDINGS USED YING CAUSES OF DEATH? S \(\bigcap \) NO \(\bigcap \)
hys 18		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMINE	EATH HOUR A.M. MONT	1 DAY YEAR 19	RED (ENTER NATURE OF INJURY IN ITEM 18, P	ART 1 OR PART 2)
the the ced	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, C	OFFICE, FARM, ETC.)	CITY OR TOWN	COUNTY STATE
for for 21			pital) attended the deceased in the deceased in the bady ofter death.	19 90, and that in (my) aur) apinian	death accurred on the date and hau	
P Coch		22b. SIGNATURE	Mur Tood		MEDICAL STAFF DIRECTOR PHYSICIAN	28FCB 80
retained by the TO FUNERAL should be det with the State		22d. PHYSICIAN'S NAME (TYPE	ORDINA)	104 FOR	BESSTANNAP	ells MD.
BP		SPECIFIC SURIAL	3-1-80	THE NAME OF CEMETERY OR CREMATORY	EN BURN	COUNTY A. A. STATE
DHMH - 16 25M (VR A 15 (4)) 9/74	24 FU	INERAL DIRECTOR	manco.	Eyerna Ph MAN	E C'D. BY GEGISTRAR 256 REGIST	RAR'S SIGNATURE

Real Property



FUNERAL HOME, GLEN BURNIE, MD

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

1 - STATE

(VRA 15, 4) 1/79

A THE WIND				
		THE REAL PROPERTY.		
			100	
WHITE COURSE OF THE PARTY OF TH	de mande	Tolling .	11-7-2	

(VRA 15, 4) 1/79

JUNUARY 19, 1980 2:45	4 4 4 5 6 5 4 4 5 6 6 6 6 6 6 6 6 6 6 6	allannau	ATOL	
	٠. الانتقال	no se		27 444
WANT VERMENT COMMITS				and miles
domestic et lin jaw	4.1.10	H dadhaha an	. Vi — Liv.	Hua Vilue
95 gaeva dysk. V. Litter		dell' des cents	THE SINE	land of
AGUS		6.45		point
205 sateroray y.				0.0
2002				
DIG., SLEW BURNIE, MARYLA	B251 HOLDETTAL		MALEAN . M	MARC
anerille I self	M. M.			

Historia and the contract of t

		1.	STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENO U	10.	0 /
		I. DE	CEASED NAME FIRST HATTIE	N. Wi	illett	20. DATE OF DEATH	MONTH DAY YEAR /11/80	26 HOUR 33
ge fine etor, po		3 SE	Female	white	5. DATE OF BIRTH MONTH - 30 - 95	6 AGE (IN YEARS LAST BIR	THDAY) IF UNDER 1 YE MONTHS DAY	
Pour Pour Pour Pour Pour Pour Pour Pour	e.		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED X	9 BALTIMORE CITY	OR COUNTY OF DEATH	
deoth unero	33		Va.	USA	WIDOWED DIVORCED	Anne Ai	rundel Cou	inty MD
by the fu	of notified		ooklyn Park	(JE NOT IN SUCH EACHLITY GIVE STREET	ADDRESS) NE Nursing Cent	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST OF ET Seamstr	DE WORKING LIKE INDUST	of Business or ry ired
filled in nould be	SE most pe	13a. S	AL RESIDENCE (IF NURSING HOME OF STATE 136 COUR	Feb. 50 900	N 113d INSIDE CITY LIMITS?	13e STREET ADDRESS 1427 Hou	ghton Roa	d
ed withir mpletely and 2 sh	au 28	14 F	ATHER'S NAME FIRST	MIDDLE LAST	15 MOTHER'S MAIDEN N	AME		LAST
xecut nd co	medicol		VAS DECEASED EVER IN U.S. AR	RMED FORCES? 166 SOCIAL SECU				nie,Md.
Po oc	a H	ì	No	168-0	3-7385 Christa	Mady. 1429	Houghton	Road
ysicio oper ivol.	ıt, th			nly one couse per line for (o), (b), on			APPR BÉTWE	OXIMATE INTERVAL EN ONSET AND DEATH
hot the death cert by the attending ase remove carbor I, cremation, or rei	other troumotic ev		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR AS A CONSEQUI				
equires the signed Then plear to burio	injury, or	NOI	11	conditions contributing to	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CON	IDITION GIVEN IN PART	1(0
on. hos bee t permit.	ows only	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES, WERE FINITION CERTIFYING CAUSTYES 20b. IF YES, WERE FINITION CAUSTY IN THE PROPERTY IN THE PROP	DINGS USED SES OF DEATH?
g physici g physici certificate riol-transi	dem 18 sh		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE-	ATH HOUR A.M. MONTH D.	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJU	JRY IN ITEM 18, PART 1 OR PART 2	1
offendir offer this of the bu	rkedor	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	PARM, ETC.)	CITY OR TO	WN COUNTY	STATE
ATTENDIP ospitol or CTOR: A d for use of	n 21 is mo		obove, (1) (we) (did) (did no	ital, ottended the deceosed from 19 E	one mor in (my) (cos) opinion	/8 , to Feb . n death occurred on the o		
TAL OR y the he RAL DIRE detoched	= = ==================================	`	22h SIGNATURE Tichael Cole	M speak		MEDICAL STA		TE SIGNED
FO HOSPI etoined b TO FUNE should be with the Si	MPORTANT:		22d PHYSICIAN'S NAMED (TYPE O		615 Hamm	onds Lane,	Baltimore	,Md. 21
Die 57 %	≥	23a (BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	CITY OR TOWN	COUNTY	STATE
BP	<u> </u>		Cremation	12 Feb.80 S	Security Proces		ville, Bal	to.Md.
DHMH - 16 50M 1/7 (VR A 15 (4))	76	24 F	UNERAL DIRECTOR NAME CAMES KIN	Kley 101 Crain	Haz Gla Borne BB	13 1980 STRAK	A STATE OF SELLEN	7

Hattie N. Willett 2/14/80 Tenale white 3-30-95 Latter 85 Va. Va. Arve Armadel County The state of the s